## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9200000135

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

GOLFSOUTH CAPITAL, INC.

Principal Place of Business Mailing Address				DISI MESIL MAJAN INSAN ISINA M	11 (88)	
880 S PLEASANTBURG PO BOX 2324		PO BOX 2324				
GREENVILLE SC 29607 GREENVILLE SC 29607			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	<del></del>	
				11/06/1992		
2. Principal Pl	ace of Business	2a. Mailing Address	,	4. FEI Number	Applied I	ог
21		26		57-0956860	Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
22		City & State		5 Flatta Caracina Financia		
City & State	Book and the second	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May I Added to Fee	
23 ( Zip	Country	28	Country	This corporation owes the current yea		
24	. [25]	29	0	Personal Property Tax.	☐ Yes ☐ No	)
1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
			81 Name			
C T CORPORATION SYSTEM			82 Street A	Address (P.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND ROAD ITATION FL 33324		-			
PLAN	ITATION FL 33324		83			
			84 City		85 Zip Code	
44 Durament	to the provisions of Sections 607 0503	2 and 607 1508. Florida Statutes	the above-named	corporation submits this statement for the purpose	e of changing its regist	ered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corpo	ration's board of directors. I hereby accept the ap	pointment as register	ed
- 3	( tanima tital) and accept and an gen	ions di, decibir dor .0005, i loik	ta Otalaica.			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	egistered Agent signature re			_
		t and title if applicable. (NOTE: P	egistered Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	   12
SIGNATURE	Signature; typed or printed name of registered agent	t and title if applicable. (NOTE: F	egistered Agent signature re 13. 1.1 TITLE	44.104.114.114.114.14.14.14.14.14.14.14.14.14	AND DIRECTORS IN	_
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI PSD HUNTER, DERRELL E	t and title if applicable. (NOTE: P	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN Change	   12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSD HUNTER, DERRELL E P. O. BOX 2324 N/A	t and title if applicable. (NOTE: P	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN Change	   12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PSD HUNTER, DERRELL E P. O. BOX 2324 N/A GREENVILLE SC	t and title if applicable. (NOTE: F D DIRECTORS	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP	44.104.114.114.114.14.14.14.14.14.14.14.14.14	SAND DIRECTORS IN MARCH	N 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature; typed or printed name of registered agent OFFICERS ANI PSD HUNTER, DERRELL E P. O. BOX 2324 N/A GREENVILLE SC V	t and title if applicable. (NOTE: P	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	SAND DIRECTORS IN MARCH	   12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature; typed or printed name of registered agent OFFICERS ANI PSD HUNTER, DERRELL E P. O. BOX 2324 N/A GREENVILLE SC V TUCK, NOEL B	t and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS  BEO S. PLEASANTBURG DA  GREENVILLE SC 29607	S AND DIRECTORS IN SCHARGE	N 12 Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90208 007 \*\*\*150.00