FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 F9400005116 (8) **DOCUMENT #**

1. Corporation Name JACKSON GOLF, INC.

Principal	Place of	Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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500 E. LEE ROAD. SUITE 2 TAYLORS SC 29687

2. Principal Place of Business

Suite, Apt. #, etc.

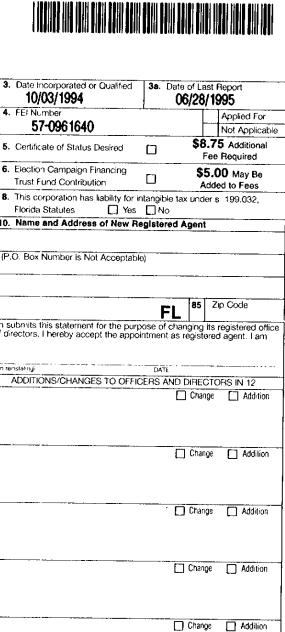
City & State

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500 E. LEE ROAD, SUITE 2 TAYLORS SC 29687



ZIP		Country	Zip	Co	untry		8. This corporation has	liability for intangible tax	unders	199.032	٦
24					Florida Statutes Yes No						
Name and Address of Current Registered Agent							gent		1		
					81	Name				·	1
	RPORATION S				82	Street Add	ross (P.O. Boy Number is No	t Appendable)			↲
1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)						ı	
PLANTA	NTION FL 333	24			83						1
						0::			T		
					84	City		FL	85 Z	ip Code	
 Pursuant to or registere familiar wit 	o the provisions ed agent, or bo th, and accept t	of Sections 607.0502 a th, in the State of Florida he obligations of, Section	nd 607.1508, Florida Statutes Such change was authorized n 607.0505, Florida Statutes.	, the abo	ove-na corpor	med corpor ation's boa	ration submits this statement ird of directors. I hereby acce		l <u> </u>	registered office d agent. I am	
SIGNATURE _											
12.	Signature, typed or p	inted name of registered again an	· · · · · · · · · · · · · · · · · · ·		Agent s	gnature require	d when reinstating)	DATE			16
TITLE	PCT	OFFICERS AND		13.			ADDITIONS/CHANGE	S TO OFFICERS AND D	NRECTO	DRS IN 12	365
NAME		, THOMAS R JR	☐ DELETE	1.11					Change	Add:tion	125
	126 DEDD	LE CREEK DRIVE		1.2 N	AME						122
STREET ADDRESS		SC 29687		1.3 \$	TREFT A	DORESS					
CITY-ST-ZIP TITLE	e IAILONS	3U 28001	FT DE FY		IY-ST-	ZIP					R2E034
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		, ramonda l Le creek drive		2 2 N.	AME						
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CITY-S1-ZIP	WC	SC 29687			1Y-\$T-	ZIP]
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NAME		, THOMAS R III		32 N	AME.						
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CITY - ST - ZIP	TAYLORS	SC 29687		3.4 CI	TY-SI-	ZIP					
TITLE			☐ DELETE	4.11	TLE				Change	☐ Addition	1
NAME				4.2 NA	ME						l
STREET ADDRESS				4.3 ST	REET AD	DRESS					l
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CITY - ST - ZIP				5.4 CI	Y-ST-Z	1P					ļ
TITLE			☐ DELETE	6 1 TI	îLE			П	Change	Addition	
NAME				6.2 NA	ME				-		
STREET ADDRESS				6 3 ST	REET AD	DRESS					
CITY-ST-ZIP				6 4 CII	Y-ST-Z	ie					
14 I do hereby	cortify that the	information cumplied with	Abin filing in a back of the Cal								4

rmation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cated 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 the corporation or line receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information ing oath; that I am an officer or appears in Block 12 or Blo

SIGNATURE:

4/0/96 004/268-4891