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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000005116 (8)

1. Corporation Name

JACKSON GOLF, INC.

Principal Place of Business

500 E. LEE ROAD, SUITE 2
TAYLORS SC 29687

Mailing Address

500 E. LEE ROAD, SUITE 2
TAYLORS SC 29687-3201

3. Date Incorporated or Qualified 10/03/1994
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number 57-0961640
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. I, undersigned, being a duly qualified officer or director of the above-named corporation, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the above-named corporation, and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature required for change of office, agent, or both)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PCT
1.2 NAME JACKSON, THOMAS R JR
1.3 STREET ADDRESS 126 PEBBLE CREEK DRIVE
1.4 CITY-ST-ZIP TAYLORS SC 29687
2.1 TITLE S
2.2 NAME JACKSON, RAMONDA L
2.3 STREET ADDRESS 126 PEBBLE CREEK DRIVE
2.4 CITY-ST-ZIP TAYLORS SC 29687
3.1 TITLE WVC
3.2 NAME JACKSON, THOMAS R III
3.3 STREET ADDRESS 108 KESTREL CT.
3.4 CITY-ST-ZIP TAYLORS SC 29687
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4. I do 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 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 a resolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or both, and if changed, or in an attachment with an address.

SIGNATURE: Thomas R. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 864/268-4891
Daytime Phone #

0499309

CR2E034 (9/96)