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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F94000005116 (8) DOCUMENT #

1. Corporation Name

JACKSON GOLF, INC.

Principal Place of Business

Mailing Address

500 E. LEE ROAD, SUITE 2 TAYLORS SC 29687

2. Principal Place of Business

25

PLANTATION FL 33324

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

500 E. LEE ROAD. SUITE 2 TAYLORS SC 29687

FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1994 2a. Mailing Address 4. FEI Number Applied For 57-0961640 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country Zìp 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.1 TITLE TITLE JACKSON, THOMAS R JR NAME 12 NAME 126 PEBBLE CREEK DRIVE STREET ADDRESS 1.3 STREET ADDRESS TAYLORS SC 29687 CITY-ST-ZIP 1,4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change JACKSON, RAMONDA L 2.2 NAME 126 PEBBLE CREEK DRIVE 2.3 STREET ADDRESS STREET ADDRESS TAYLORS SC 29687 2. 4 CITY - ST - ZIP CITY - ST - ZIP ___ DELETE Change Addition TITLE 3.1 TITLE JACKSON, THOMAS R III 3.2 NAME NAME 108 KESTREL CT. 3.3 STREET ADDRESS STREET ADDRESS TAYLORS SC 29687 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 post-pier 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 prepared or or post attachment with an address.

SIGNATURE: