

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90052 015 ***150.00

DOCUMENT # F98000003113

1. Corporation Name

B & B NATURAL GOLF, INC.



Principal Place of Business

**911 WESTMINSTER DR.
WILLIAMSPORT PA 17701**

Mailing Address

**911 WESTMINSTER DR.
WILLIAMSPORT PA 17701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

98-0155413

Applied For

Not Applicable

2. Principal Place of Business

21 12601 N US Highway 301

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Thonotosassa, FL

27 City & State

28

24 Zip

33592

Country

25 U.S.

29 Zip

30

Country

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**POWERS, BRADLEY
B & B NATURAL GOLF
12601 N US HWY. 301
THONOTOSASSA FL 33592**

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. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME CDP
WILLIAMS, JACK
STREET ADDRESS FOUR CORNERS, AIRPORT RD.
CITY-ST-ZIP GRAND TURK, T&C IS**

TITLE ☐ DELETE

**NAME CD
WILLIAMS, KATHLEEN
STREET ADDRESS FOUR CORNERS, AIRPORT RD.
CITY-ST-ZIP GRAND TURK, T&C IS**

TITLE ☐ DELETE

**NAME C
HARRIS, PAUL
STREET ADDRESS 2000 E. COUNTYLINE, N-C172
CITY-ST-ZIP HIGHLANDS RANCH CO 80126**

TITLE ☐ DELETE

**NAME D
POWERS, FRANCIS M JR.
STREET ADDRESS 1625 ELLIOTT ST.
CITY-ST-ZIP WILLIAMSPORT PA 17701**

TITLE ☐ DELETE

**NAME D
POWERS, CARYN
STREET ADDRESS 1625 ELLIOTT ST.
CITY-ST-ZIP WILLIAMSPORT PA 17701**

TITLE ☐ DELETE

**NAME T
RETHEFORD, LES R
STREET ADDRESS 2000 E. COUNTYLINE N-C172
CITY-ST-ZIP HIGHLANDS RANCH CO 80726**

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

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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99

Date

(813) 986 1806

Daytime Phone #

CR2E034 (1/98)