

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:39

DOCUMENT # **G40985** (5)

1. Corporation Name
WICKETS OF SAWGRASS, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 1536 POST OFFICE BOX 1586
PONTE VEDRA BEACH FL 32004 PONTE VEDRA BEACH FL 32004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/25/1983** 3a. Date of Last Report **09/22/1994**
4. FEI Number **59-2315749** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
STODDARD, RICHARD C
3100 UNIVERSITY BLVD., EAST
SUITE 101
JACKSONVILLE FL 32218

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 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOSEPH C III	1.2 NAME	
STREET ADDRESS	3013 CYPRESS CREEK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GARY R	2.2 NAME	
STREET ADDRESS	3013 CYPRESS CREEK DR.	2.3 STREET ADDRESS	Brown, Gary R. 3013 Cypress Creek Dr Ponte Vedra, FL 32082
CITY-ST-ZIP	PONTE VEDRA FL 32082	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHARLOTTE	3.2 NAME	
STREET ADDRESS	203 DEANWOOD TERRACE	3.3 STREET ADDRESS	Hot Springs, At. 71901
CITY-ST-ZIP	HOT SPRINGS AR 71901	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOE	4.2 NAME	
STREET ADDRESS	203 DEANWOOD TERRACE	4.3 STREET ADDRESS	Hot Springs, At. 71901
CITY-ST-ZIP	HOT SPRINGS AR 71901	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph C. Brown III* **Joseph C. Brown III** 2/8/95 904-285-7200
DATE: _____ OFFICIAL PHONE: _____