

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90008 021 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G40985**

1. Corporation Name

**WICKETS OF SAWGRASS, INC.**

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

Mailing Address  
 POST OFFICE BOX 1586  
 PONTE VEDRA BEACH FL 32004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/25/1983**

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.  
 2 City & State  
 3 Zip Country

26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

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 owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

**STODDARD, RICHARD C**  
**3100 UNIVERSITY BLVD., EAST**  
**SUITE 101**  
**JACKSONVILLE FL 32216**

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

I, 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)

DATE

2. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, JOSEPH C III	
REET ADDRESS	3013 CYPRESS CREEK DR.	
Y-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, GAY R	
REET ADDRESS	3013 CYPRESS CREEK DR.	
Y-ST-ZIP	PONTE VEDRA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROWN, CHARLOTTE	
REET ADDRESS	203 DEANWOOD TERRACE	
Y-ST-ZIP	HOT SPRINGS AR	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BROWN, JOE	
REET ADDRESS	203 DEANWOOD TERRACE	
Y-ST-ZIP	HOT SPRINGS AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
Y-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
Y-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Signature of Richard C. Stoddard*

7/6/99

904-285-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)