FILED

Feb 25, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H40359

PEARSON GOLF MANAGEMENT, INC.

Principal Place of Business M		Mailing Address	vailing Address]						
		764 ACACIA BLOSSOM CT.										
AUBURNDALE FL 33823 AUBURNDALE FL 33823					DO NOT WRITE IN THIS SPACE							
US US						3. Date Incorporated or Qualifed						
					1	1	01/30/1985					
2 Principal P	face of Rusiness	2a. Mailing Address					FEI Number			1 Ar	plied For	
— · · · · · · · · · · · · · · · · · · ·						1	59-2497498		Not Applicable			
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						_	\$8.75			Additional		
22 27						5. Certifcate of Status Desired			Fee Required			
City & State City & State					6. Election Campaign Financing \$5.00 May Be					Mav.Be		
<u></u> -, ' ├		28					Trust Fund Contribution				to Fees	
Zip Country Zip		Country			8.	This corporation owes the cur	rent year Inta	ngible				
24	25	29	30				Personal Property Tax.		☐ Yes	ŝ	□No	
- ·]	9. Name and Address of Current	Registered Agent				10.	Name and Address of New	Registered A	gent			
			8	11	Name							
PEARSON, MELTON L.			8	-	Street Address	ress (P.O. Box Number is Not Acceptable)						
764 ACACIA BLOSSOM CT			١	-	Olidot Addies	3 3 (. .						
AUBURNDALE FL 33823			8	3				•				
				4	City				85	Zip (Code	
			°	*	City		•	FL	85	Zip (0000	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve	-named corpor	ration	submits this statement for the	purpose of c	hangir	ng its	registered	
affina ar r	egistered agent, or both, in the State of medical familiar with, and accept the obligation	f Elorida. Such change was all	ithorized n	ז עוו	he corporation	n's boa	ard of directors. I hereby acce	pt the appoin	ment	as re	gisterea	
	in familial with, and accept the obligation	7/13 01, OCCION 007.0000, 1 10N										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent	signature required w			DATE				
12.	OFFICERS AND	DIRECTORS	13.			Α	DDITIONS/CHANGES TO OF	FICERS AND	DIRE	ECTO		
TITLE	D	☐ DELETE	1,1 TITLE	•					☐ Cha	ange	☐ Addition	
NAME	PEARSON, MELTON L.		1.2 NAME	E						i		
STREET ADDRESS	764 ACACIA BLOSSOM CT.		1.3 STREET ADDRESS									
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY	-ST-	-ZIP				,			
TITLE	DST DELETE		2.1 TITLE						Ch:	ange	☐ Addition	
NAME	PEARSON, LINDA S.		2.2 NAME	E								
STREET ADDRESS	764 ACACIA BLOSSOM CT.		2.3 STRE	ET/	ADDRESS							
CITY-ST-ZIP	AUBURNDALE FL		2. 4 CITY	-ST	:-ZIP		٠.					
TITLE	D	☐ DELETE	3.1 TITLE						Chi	ange	☐ Addition	
NAME	ANDREW, STEVEN P.		3.2 NAMI	E				* '			.~-	
STREET ADDRESS	311 THORNHILL ESTATES COU	RT	3.3 STRE	ET/	ADORESS							
CITY-ST-ZIP	WINTER HAVEN FL	,	3.4. CITY									
TITLE	***************************************	☐ DELETE	4,1 TITLE						Ch	ange	☐ Addition	
NAME			4, 2 NAM	E								
STREET ADDRESS			4.3 STRE	ET /	ADDRESS							
CITY-ST-ZIP			4.4 CITY-									
TITLE		☐ DELETE	5.1 TITLE	_					Ch	ange	Addition	
NAME			5.2 NAMI	E	İ							
STREET ADDRESS			5.3 STRE	ET,	ADDRESS		•					
CITY-ST-ZIP			5.4 CITY-	- ST-	-ZIP							
TITLE		☐ D€LETÉ	6.1 TITLE	=					Ch	ange	Addition	
NAME			6.2 NAME	E								
			63 STRE	et /	ADDRESS							

14. Thereby 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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

941-668-95%