FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 07 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H42588 SUN GOLF DISCOUNT, INC. Mailing Address Principal Place of Business % SCOTT R. SOLEM % SCOTT R. SOLEM 3507 SOUTHSIDE BLVD. 3507 SOUTHSIDE BLVD. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2502366 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 📝 Yes 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SOLEM, SCOTT R. 7931 BISHOP LAKE RD N 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 83 City 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 to 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. (NUTE_Begistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DEFETE Addition TITLE SOLEM, SCOTT R NAME 1.2 NAME 7931 BISHOP LAKE RD N 13 STREET ADDRESS STREET ADDRESS 32256 JACKSONVILLE FL 14 CITY-STZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE SOLEM. TOMMYE L NAME 22 NAME 7931 BISHOP LAKE RD, N. STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIF 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP DETETE 4.1 TITLE Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELFTE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6 3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP

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 supplicmental annual rejion 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 cognoration or the receiver or trylice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if childreng or or an attainment with an address.

Block 12 or Block 13 if cl

SIGNATURE

FILED