FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 15 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # J02832 (0)

1. Corporation Name

~~GOLF COURSE SERVICES, INC.~~

CATTAIL CREEK GOLF CLUB, INC.

Principal Place of Business	Mailing Address
~~14929 DENNIS DRIVE~~ ~~HUDSON FL 34669~~	~~14929 DENNIS DRIVE~~ ~~HUDSON FL 34669~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1986
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 659 S.R. 16	26 659 S.R. 16
Suite, Apt. #, etc. 22 Reynolds G.C.	Suite, Apt. #, etc. 27 Reynolds G.C.
City & State 23 GREEN COVE SPRINGS FL	City & State 28 GREEN COVE SPRINGS FL
Zip 24 32043 Country 25 USA	Zip 29 32043 Country 30 USA

4. FEI Number: 59-2645084 ☐ 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

9. Name and Address of Current Registered Agent

BOUCK DAVID R
14929 DENNIS DR
HUDSON FL 34669

10. Name and Address of New Registered Agent

81 Name: DAVID R. BOUCK
82 Street Address (P.O. Box Number is Not Acceptable): 659 S.R. 16
83
84 City: GREEN COVE SPRINGS FL 85 Zip Code: 32043

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: David R. Bouck Pres. DATE: 3/3/95
(Signature of person(s) authorized by registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	~~BOUCK, DAVID R.~~	1.2 NAME	DAVID R. BOUCK
STREET ADDRESS	~~14929 DENNIS DR.~~	1.3 STREET ADDRESS	659 S.R. 16
CITY-ST-ZIP	~~HUDSON FL~~	1.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	S	2.1 TITLE	S ☐ Change ☐ Addition
NAME	~~BOUCK, DAVID R.~~	2.2 NAME	DAVID R. BOUCK
STREET ADDRESS	~~14929 DENNIS DR.~~	2.3 STREET ADDRESS	659 S.R. 16
CITY-ST-ZIP	~~HUDSON FL~~	2.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	VP	3.1 TITLE	VP ☐ Change ☐ Addition
NAME	~~BELL, RICHARD M.~~ DELETE	3.2 NAME	STEVEN A. BOUCK
STREET ADDRESS	~~659 S.R. 16~~	3.3 STREET ADDRESS	659 S.R. 16
CITY-ST-ZIP	~~GREEN COVE SPRGS FL~~	3.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CH

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 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 above, or on an attachment with an address.

SIGNATURE: David R Bouck Pres. 3/3/95 904-284-3502
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Telephone Number)

0375420 GP