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

STREET ADDRESS

CITY-ST-ZIP

FILED May 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # J42003 (0)T.P.C. GOLF, INC. **Principal Place of Business** Mailing Address P.O. BOX 1114 P.O. BOX 1114 OSPREY FL 34229 DO NOT WRITE IN THIS SPACE OSPREY FL 34229 HS 3. Date Incorporated or Qualified <u>11/13/1986</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2743807 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes □ No 25 30 Personal Property Tax due June 30. 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MINEO, SAMUEL 339 WOODPOINT ROAD **B2** UNIT A-5 83 84 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 Junea Guch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTF: Registered Agent signature required when reinstating) ered agent and tilk if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change L Addition NAME MINEO, SAMUEL 1.2 NAME P.O. BOX 1114 STREET ADDRESS 1.3 STREET ADDRESS **OSPREY FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE **SAMSON RUSSELL** 2.2 NAME 1419 PEREGRINE POINT DR. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **SARASOTA FL** 2 4 CITY - ST - ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change Addition NAME Lerner, Brad 3.2 NAME 4171 LAS PALMAS WAY STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 41 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 frue 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 on poyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with any advess.