FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J85101** **(0)**

1. Corporation Name
A-GOLF CARTS, INC.

Principal Place of Business
18451 N TAMIAMI TR.
N. FT MYERS FL 33903

Mailing Address
18451 N TAMIAMI TR.
N. FT MYERS FL 33903

3. Date Incorporated or Qualified: **07/30/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0166516** ☐ 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

EBENGER, FRANCES
14880-1 SUMMERLIN WOODS
FT. MYERS FL 33919

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE
NAME **LYNCH, LINDA**
STREET ADDRESS **717 S.W. 12TH STREET**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **PV** ☐ DELETE
NAME **BELLOTTIE, ROSELLA J**
STREET ADDRESS **610 VICTORA DR. A-102**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VP,S,T** ☒ Change ☐ Addition
12 NAME **LYNCH,LINDA**
13 STREET ADDRESS **717 SW 12th ST.**
14 CITY-ST-ZIP **CAPE CORAL,FL. 33991**

21 TITLE **PRES.** ☒ Change ☐ Addition
22 NAME **BELLOTTIE,ROSELLA J.**
23 STREET ADDRESS **610 VICTORIA DR. A-102**
24 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (12/95)

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 business entity required 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 added to the report with my address.

SIGNATURE: *Linda Lynch* LINDA LYNCH-V/S/T 4-10-96 941-543 2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #