

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

95 APR -7 AM 5:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # K40441 (3)

1. Corporation Name

GENE BATES GOLF DESIGN, INC.

Principal Place of Business

5606 PGA BLVD.  
SUITE 111  
PALM BEACH GARDENS FL 33418

Mailing Address

5606 PGA BLVD.  
SUITE 111  
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/18/1988

3a. Date of Last Report

09/14/1994

4. FEI Number

65-0095322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC  
11780 US HWY ONE, SUITE 300  
SUITE 300  
NORTH PALM BEACH FL 33408-0075

10. Name and Address of New Registered Agent

81 Name

FHS CORPORATE SERVICES, INC

82 Street Address (P.O. Box Number is Not Acceptable)

THREE GOLDEN BEAR PLAZA

83

11780 U.S. HWY 1 SUITE 300

84 City

N. PALM BEACH

FL

85

Zip Code

33408

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

Signature of person authorized to register agent or director

Signature of Registered Agent (signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | DPTS                        |
| NAME           | BATES, GENE D               |
| STREET ADDRESS | 5606 PGS BLVD., STE. 111    |
| CITY ST ZIP    | PALM BEACH GARDENS FL 33418 |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY ST ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY ST ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY ST ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY ST ZIP    |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY ST ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY ST ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY ST ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY ST ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY ST ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY ST ZIP    |                                                                   |

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)(b), 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 changed, or on an attachment with an address.

SIGNATURE:

*Gene D. Bates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE D. BATES

Date

401-624-0008  
District Phone #