FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3) K40441 **DOCUMENT #** GENE BATES GOLF DESIGN, INC. Mailing Address Principal Place of Business 5606 PGA BLVD. 5606 PGA BLVD. SUITE 111 SUITE 111 PALM BEACH GARDENS FL 33418 3a. Date of Last Report PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 04/07/1995 10/18/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0095322 26 \$8.75 Additional Suite, Apt #, etc. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 6. Flection Campaign Financing City & State П City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Country Ζıρ Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 FHS CORPORATE SERVICES INC THREE GOLDEN BEAR PLAZA 83 11780 U.S. HIGHWAY 1, SUITE 300 Zip Code 85 NORTH PALM BEACH FL 33408 City 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. (NOT) Fregistered Agent signature required when reinstating) Signature, typed or priched name of registered agent at it the if application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change Addition DELETE 1 1 T TLE **DPTS** 1.2 NAME BATES, GENE D 1.3 STREET ADDRESS 5606 PGS BLVD., STE. 111 14 C+1Y - ST - ZIP PALM BEACH GARDENS FL 33418 Addition □ Change DELETE 2 1 THLE

CR2E034 (12/95) SIGNATURE 12 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIP Addition Change CITY-ST-ZIP DELETE 3 1 3111.6 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIF [] Change Addition CITY-ST-ZIP DELETE 4 1 TiffLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Addition Change CITY - ST - ZIP DELETE 5 1 Tillut TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Addition □ Change CITY-ST-ZIP ☐ DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS 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)(k). Florida Statutes. I further certify that the information indicated on this annual rejorit or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the information indicated on this annual rejorit 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 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

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