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 -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K47284 (0)

1. Corporation Name

MUIRFIELD VILLAGE GOLF COURSE, INC.

Principal Place of Business	Mailing Address
430 MARION OAKS GOLF WAY OCALA FL 34473 US	430 MARION OAKS GOLF WAY OCALA FL 34473 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1988	3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2917231	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARBISON, CARLOS B.
4260 S.W. 162ND STREET
OCALA FL 32673

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 607.1508, 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: _____ (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME HARBISON, CARLOS B. STREET ADDRESS ~~P. O. BOX 6039~~ N/A CITY-ST-ZIP ~~DESTIN FL~~	11 TITLE Pres. Sec 12 NAME Carlos B Harbison 13 STREET ADDRESS 19 Sandestin Estates 14 CITY-ST-ZIP Destin, Fla 32541 ☐ Change ☐ Addition
TITLE D NAME COMBS, BILLY RAY STREET ADDRESS 14130 20TH AVE RD. CITY-ST-ZIP OCALA FL	21 TITLE V.P. 22 NAME Harbison, Richard Scott 23 STREET ADDRESS 1224 Reno Ave 24 CITY-ST-ZIP Birmingham, Alo 35213 ☒ Change ☐ Addition
TITLE D NAME HARBISON, JOHN P. STREET ADDRESS 19 SANDESTIN ESTATES CITY-ST-ZIP DESTIN FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 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 X in Block 13.

SIGNATURE: Carlos B Harbison Pre CARLOS B HARBISON 2-1-95 904 347-1371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0497834 FP