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 # **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

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

3. Date Incorporated or Qualified: **11/18/1988**

3a. Date of Last Report: **03/03/1995**

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

9. Name and Address of Current Registered Agent

HARBISON, CARLOS B.
~~4260 C.W. 102ND STREET~~ 430 Marion Oaks Golf Way
OCALA FL ~~32673~~
34473

10. Name and Address of New Registered Agent

81 Name: Carlos B Harbison
82 Street Address (P.O. Box Number is Not Acceptable): 19 Sandestin Estates
83
84 City: Destin FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: X Carlos B Harbison
Signature of New Registered Agent (Required) Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HARBISON, CARLOS B.	
STREET ADDRESS	P. O. BOX 6039	19 Sandestin Estates
CITY-ST-ZIP	DESTIN FL 32541	Destin FL 32541
TITLE	D	☐ DELETE
NAME	COMBS, BILLY RAY	
STREET ADDRESS	14130 20TH AVE RD.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	☐ DELETE
NAME	HARBISON, JOHN P.	
STREET ADDRESS	19 SANDESTIN ESTATES	
CITY-ST-ZIP	DESTIN FL 32541	
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

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

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***208.75

14. I do hereby certify that the information supplied with this filing is complete, true and correct, and does not omit, 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 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: Carlos B Harbison 3-12-96 904 347-1271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
SC 3-26-96

CR2E034 (12/95)