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 APR 18 PM 4:23
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K93506 (9)

1. Corporation Name
GROUP IV GOLF, INC.

Principal Place of Business
C/O GUS SANKERS
6900 SOUTHPOINT DR. STE 230
JACKSONVILLE FL 32216

Mailing Address
C/O GUS SANKERS
6900 SOUTHPOINT DR. STE 230
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1989
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2293044 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

9. **Name and Address of Current Registered Agent**
SANKERS, GUS
6900 SOUTHPOINT DRIVE, NORTH
~~SUITE 230~~
JACKSONVILLE FL 32216

10. **Name and Address of New Registered Agent**
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63 Suite 430
64 City FL
65 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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANKERS, GUS
STREET ADDRESS	6900 SOUTHPOINT DR.N.520
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	FRANSEN, VICTOR
STREET ADDRESS	6900 SOUTHPOINT DR.N.520
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	PRENTICE, BRYANT H. III
STREET ADDRESS	6900 SOUTHPOINT DR.N.520
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	HUTCHINSON, MARC C.
STREET ADDRESS	6900 SOUTHPOINT DR.N.520
CITY ST ZIP	JACKSONVILLE FL
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		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ 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)(k), Florida Statutes. I further certify that the information indicated on 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 if changed, or on an attachment with an address.

SIGNATURE: General Manager 4-7-95 (904) 448-8016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018773 CP