PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

FLORIDA GOLF CARS, INC.

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90080 048 ***150.00



14200 CE COLONIAL DR 14200 C E COLONIAL DRIVE ORLANDO FL 32818 ORLANDO FL 32818 DO NOT WRITE IN THIS SPACE บร 3. Date Incorporated or Qualifed 12/20/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For E. COLONIAL DR 26 14200-C E. COLOWIALVI 59-2981233 Not Applicable 14200-C \$8.75 Additional Suite, Apt. #, etc 5. Certifcate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6." Election Campaign Financing Added to Fees 28 Trust Fund Contribution 8. This corporation owes the current year intangible □No Yes Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S. Street Address (P.O. Box Number is Not Acceptable) 82 230 LOOKOUT PLACE SUITE 200 83 MAITLAND FL 32751 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ DELETE TITLE 1.1 TITLE WIRBEL, THOMAS 1.2 NAME NAME 9138 FLORIBUNDA DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE DVT WIRBEL, DAWN 2.2 NAME NAME 9138 FLORIBUNDA DRIVE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify 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 feceiver or trustee empowered to execute this peport 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, with all other like empowered.

64 CITY+ST-7IP

SIGNATURE:

STREET ADDRESS