

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L75213

1. Corporation Name
GOLF MAINTENANCE, INC.

Principal Place of Business
429 GREEN ARBOR DR.
BRANDON FL 33511

Mailing Address
429 GREEN ARBOR DR.
BRANDON FL 33511

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

02-23-1999 90074 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/23/1990

4. FEI Number
59-3017900

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Golf Maintenance Inc

22 6003 HAMMOCK HILL AVE

23 Lithia FLA

24 33547-5030

2a. Mailing Address

26 Golf Maintenance Inc

27 6003 HAMMOCK HILL AVE

28 Lithia FLA

29 33547-5030

9. Name and Address of Current Registered Agent

MORGAN, DANIEL B
429 GREEN ARBOR DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name MORGAN DANIEL B.

82 Street Address (P.O. Box Number is Not Acceptable)

83 6003 HAMMOCK HILL AVE

84 City Lithia FL

85 Zip Code 33547-5030

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSTD ☐ DELETE

NAME MORGAN, DAN
STREET ADDRESS 429 GREEN ARBOR DR
CITY-ST-ZIP BRANDON FL

TITLE V ☐ DELETE

NAME SOVA, CHRIS
STREET ADDRESS 429 GREEN AROBR DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ST MORGAN DANIEL B.
1.3 STREET ADDRESS 6003 HAMMOCK HILL AVE
1.4 CITY-ST-ZIP LITHIA, FLA. 33547-5030

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SOVA, CHRIS
2.3 STREET ADDRESS 6003 HAMMOCK HILL AVE
2.4 CITY-ST-ZIP LITHIA, FLA 33547-5030

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 813 6899232

CR2E034 (11/98)