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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

PROFIT May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # L75955 (9) QUAIL RIDGE GOLF & COUNTRY CLUB. INC. Principal Place of Business Mailing Address 12380 SHADY HILLS ROAD 12380 SHADY HILLS ROAD SPRING HIL FL 34610 SPRING HIL FL 34610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-302 1834 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DARVISH, MEHRDAD 12830 SHADY HILLS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34610 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 jurid accept the obtigations of Section 607,0506, Florida Statutes. 4-a0-**SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition DARVISH, MEHRDAD 1.2 NAME NAME 12830 SHADY HILLS ROAD STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition TITLE 21 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Addition TITLE 61 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 City-St-Zip

> > 4-20-98

14. Thereby certify that the information supplied with this filling 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 furstee 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.

FILED