

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90658 026 ***150.00

DOCUMENT # P01000092315

1. Entity Name

GOLF OPERATORS OF NORTH FLORIDA, INC.



Principal Place of Business

153 NORTHSIDE DR SOUTH
JACKSONVILLE, FL 32218

Mailing Address

153 NORTHSIDE DR SOUTH
JACKSONVILLE, FL 32218

34000773



DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3746082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINGER, DAVID M
302 THIRD STREET STE 5
NEPTUNE BEACH, FL 32266

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when negotiating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
DAVIS, EDWIN T JR.
10997 CREEKVIEW DRIVE
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
FLECTHER, THOMAS E JR.
101 BAISDEN RD. #4
JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: Edwin T. Davis, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04