2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 28 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092315

1. Entity Name
GOLF OPERATORS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
153 NORTHSIDE DR SOUTH JACKSONVILLE, FL 32218	153 NORTHSIDE DR SOUTH JACKSONVILLE, FL 32218

03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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COPY

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 ______________________ DATE

400054207464
05/10/05--01046--007 **150.00

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	~~DPS~~
NAME	~~DAVIS, EDWIN T JR~~
STREET ADDRESS	~~10997 CREEKVIEW DRIVE~~
CITY-ST-ZIP	~~JACKSONVILLE, FL 32225~~
TITLE	~~DT~~
NAME	~~FLECTHER, THOMAS E JR~~
STREET ADDRESS	~~101 BAISDEN RD #A~~
CITY-ST-ZIP	~~JACKSONVILLE, FL 32216~~
TITLE	President
NAME	Tai Leung Mak
STREET ADDRESS	2100 Corp. Sq Blvd
CITY-ST-ZIP	JAX FL 32216
TITLE	President
NAME	Tai Leung Mak
STREET ADDRESS	2100 Dorporate Sq Blvd
CITY-ST-ZIP	~~Jacksonville, FL 32216~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: [signature] 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Foster Oliver, Director