CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:43

DOCUMENT # P09696 (6)

1. Corporation Name
RIVER ADVENTURE GOLF, INC.

Principal Place of Business	Mailing Address
880 MUNSON AVE., SUITE C TRAVERSE CITY MI 49684-0661	880 MUNSON AVE., SUITE C TRAVERSE CITY MI 49684-0661

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21: 453 W. IRLO BRONSON
22: Suite, Apt. #, etc.
23: City & State: KISSIMMEE FL
24: Zip: 34746
25: Country

2a. Mailing Address
26: 2825 U.S. 31 S.
27: Suite, Apt. #, etc.
28: City & State: TRAVERSE CITY
29: Zip
30: Country

4. FEI Number: 38-3082221 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BULL, STEPHEN
111 N.ORANGE AVE.,STE.1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	VOZZA, CARL	1.2 NAME	
STREET ADDRESS	7303 LOGAN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, BERNARD	2.2 NAME	
STREET ADDRESS	3009 KEEWAYDIN TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☒ Change ☐ Addition
NAME	VOZZA, ~~ANTONIO~~ LINDA	3.2 NAME	
STREET ADDRESS	7303 LOGAN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	KOCIS, GERALD	4.2 NAME	
STREET ADDRESS	3073 OGIDAKI TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI 49684	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ TREASURER 3/16/95 616 929-2726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400000 FN