FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 16 PM 3:37

DOCUMENT # **P15451** **(8)**

1. Corporation Name
GADSDEN GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
SOLOMON DAIRY ROAD P.O. BOX 1078 QUINCY FL 32351	SOLOMON DAIRY ROAD P.O. BOX 1078 QUINCY FL 32351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1987	3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2775627	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MACDONALD, JOHN R.
SOLOMON DAIRY ROAD
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name: Ben Duncan
82 Street Address (P.O. Box Number is Not Acceptable): 308 E Sharon St
83 City: Quincy
84 State: Fla. 85 Zip Code: 32351
FL

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: Ben Duncan Pres. Ben Duncan 2-13-95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	MACDONALD, JOHN R.	1.2 NAME	Pres.
STREET ADDRESS	SOLOMON DAIRY RD	1.3 STREET ADDRESS	Ben Duncan
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	308 E Sharon St. Quincy, Fla.
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, SALLY C.	2.2 NAME	Sec. Taylor Budd Williams
STREET ADDRESS	SOLOMON DAIRY RD	2.3 STREET ADDRESS	Solomon Dairy Rd
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	Quincy, Fla. 32351
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Ben Duncan Ben Duncan 2-13-95 904-627-9631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/0013 FR