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

APPROVED AND FILED
95 APR 19 AM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25338** **(5)**

1. Corporation Name
JIM COLBERT GOLF, INC.

Principal Place of Business	Mailing Address
1603 LBJ FRWAY STE 810 DALLAS TX 75234 US	1603 LBJ FRWAY STE 810 DALLAS TX 75234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 88-0199332 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	D	1.1 TITLE	VP	☑ Change ☐ Addition
NAME	WILLIAMS, ROBERT H.	1.2 NAME		
STREET ADDRESS	6027 LAKEHURST	1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	D	☐ Change ☑ Addition
NAME	LAMBERT, STEPHEN D.	2.2 NAME	Joseph P. Nolan	
STREET ADDRESS	1722 SHUMARD OAK LANE	2.3 STREET ADDRESS	6100 Sears Tower	
CITY-ST-ZIP	IRVING TX	2.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	V	3.1 TITLE	D	☐ Change ☑ Addition
NAME	REYNOLDS, STEVEN	3.2 NAME	James J. Colbert, Sr.	
STREET ADDRESS	4340 TWIN POST	3.3 STREET ADDRESS	222 South Rainbow, Ste 117	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Las Vegas, NV 89128	
TITLE	D	4.1 TITLE	Delete	☑ Change ☐ Addition
NAME	DEVLIN, TOM	4.2 NAME	Tom Devlin	
STREET ADDRESS	RT 3 BOX 155	4.3 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA KS	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	Delete	☑ Change ☐ Addition
NAME	KOCHSIEK, KIM R	5.2 NAME	Kim Kochsiek	
STREET ADDRESS	5037 TRAIL LAKE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX	5.4 CITY-ST-ZIP		
TITLE	C	6.1 TITLE	Delete	☑ Change ☐ Addition
NAME	CRESSEY, BRIAN	6.2 NAME	Brian Cressey	
STREET ADDRESS	120 SOUTH LA SALLE ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	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: Stuart Lynnolds 2/13/95 214-247-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GA78444 PP