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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P27878** **(8)**

1. Corporation Name

GOLFNOW, INC.

Principal Place of Business	Mailing Address
5024 SUMMER BEACH BLVD. UNIT #709 AMELIA ISLAND FL 32034 US	1022 ARILEL LANE 334 SOUTH GAYLORD CHATTANOOGA TN 37405 US

3. Date Incorporated or Qualified: **01/29/1990**

3a. Date of Last Report: **07/03/1995**

4. FEI Number: **84-1113219** ☐ 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 3140 S. PEORIA ST.
22 Suite, Apt. #, etc.	27 # 270
23 City & State	28 AURORA, CO
24 Zip / 25 Country	29 80014 / 30 USA

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's signature required for reinstatement)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	CRYAN, JOHN		1.2 NAME	
STREET ADDRESS	263 LIGHTHOUSE AVE #A		1.3 STREET ADDRESS	
CITY-ST-ZIP	PACIFIC GROVE CA		1.4 CITY-ST-ZIP	93950
TITLE	PTD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BOND, JOHN C		2.2 NAME	
STREET ADDRESS	1022 ARIEL LANE		2.3 STREET ADDRESS	3140 S. PEORIA ST. #270
CITY-ST-ZIP	CHATTANOOGA TN		2.4 CITY-ST-ZIP	AURORA, CO 80014
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	NOBIS, TERRY		3.2 NAME	
STREET ADDRESS	121 COURT ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINWELL MI		3.4 CITY-ST-ZIP	49080
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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 added on an attachment with an address.

SIGNATURE: JCB JOHN C. Bond 4/21/96 303-671-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)