FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28093 (3)

1. Corporation Name
GOLF COURSE BUILDERS OF AMERICA, INCORPORATED

Principal Place of Business	Mailing Address
920 AIRPORT RD SUITE 210 CHAPEL HILL NC 27514	920 AIRPORT RD SUITE 210 CHAPEL HILL NC 27514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7121106 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

PIERMAN, JERRY
1201 US HWY 1
SUITE 425
NORTH PALM BEACH FL 33408

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	VP	1.1 TITLE	VP, D	☒ Change ☐ Addition
NAME	ARNOLD, PHIL	1.2 NAME		
STREET ADDRESS	920 AIRPORT RD #210	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PIERMAN, JERRY	2.2 NAME		
STREET ADDRESS	1201 US HWY 1 STE 425	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BCH FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	P, D	☒ Change ☐ Addition
NAME	KIRCHDORFER, JAMES J.	3.2 NAME		
STREET ADDRESS	926 BAXTER AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S, D	☒ Change ☐ Addition
NAME	KUBLY, WILLIAM	4.2 NAME		
STREET ADDRESS	5831 SOUTH 58TH ST., SUITE C	4.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NB	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	VP, D	☒ Change ☐ Addition
NAME	ELDREDGE, PAUL	5.2 NAME		
STREET ADDRESS	1901 VAN DYKE RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINFIELD IL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	T, D	☒ Change ☐ Addition
NAME	GREDVIG, JEFFREY	6.2 NAME		
STREET ADDRESS	4401 BLAND ROAD, SUITE 200	6.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Phil Arnold 4/4/95 919-942-8922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007P95