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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P34067

(9)

GOLFSOUTH MANAGEMENT, INC.

FILED May 12 1997 8:00am Secretary of State

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| N. San Addison | | | | | | | |
|--|--|--|--|----------------------------------|--|--|--|
| Principal Place of Business Mailing Address | | | | | | | |
| 880 S. PLEASANTBURG DR. P.O. BOX 2324 BLDG. 1 GREENVILLE SC 29802-2324 GREENVILLE SC 29807 | | | 4 | | , | | |
| US | | | | | 3. Date Incorporated or Qualified 05/23/1991 | 3a. Date of Last Report 05/01/1996 | |
| 2. Principa: | Place of Business | 2a. Mailing Address | ······································ | , ,, | 4. FEI Number | Applied For | |
| 21 | 1 26 | | | | 57-0931428 | Not Applicable | |
| Suite Apt #, otd | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | See Required | | |
| City & St | ate | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zipi rma | Country | Zip | Country | | 8. This corporation has liability for i | | |
| 24 | [25] 9. Name and Address of Curren | | 30 | | Florida Statutes L 10. Name and Address of New Re | Yes No | |
| | | it uadistaien wäetit | B1 | Name | IV, Hame and Address of free ne | gistered Agent | |
| | CT CORPORATION SYSTEM | | | | | | |
| | 20 South Pine Island Road Lantation FL 33324 | | B2 | Street Ad | eet Address (P.O. Box Number is Not Acceptable) | | |
| r. | ANTATION FL 33324 | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip Code | |
| 11. Pursuar | nt to the provisions of Sections 607,050 | 2 and 607.1508, Florida Statute | s, the above | -named co | rporation submits this statement for the p | urpose of changing its registered | |
| office of agent 1 | r registered agent, or both, in the State Lare familiar with, and accept the obliga | of Florida. Such change was a ations of Section 607.0505, Flo | uthorized by rida Statute: | / the corpor s. | rporation submits this statement for the pration's board of directors. I hereby accept | of the appointment as registered | |
| SIGNATURE | | | | | • | | |
| Sidivatori | Signature, typico or princed name of registered age | nt and title if applicable. (NOTE | Registered Age | nt signature req | ulred when reinstating) | DATE | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| THILE | CD | ☐ DELETE | 1.1 TITLE | | | Change Addition | |
| NAME | TUCK, N. BARTON JR. | | 1.2 NAME | - | | | |
| STREET ADDRÉS: | | | 1.3 STREET | address | | | |
| CITY ST-7B1 | GREENVILLE SC 29607 | | 1.4 CITY - S | T-ZiP | | | |
| THILE | VP | ☐ DELETE | 2.1 TITLE | | | Change Addition | |
| NAME | WIGGINS, PHILLIP W. | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | · . Ji Nek | | |
| CITY-51-7IF | GREENVILLE SC | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | P DESCRIPTION OF SOME IN | ☐ DELETE | 3.1 TITLE | | | Change Addition | |
| NAME | HUNTER, DERRELL E. | | 3.2 NAME | | | | |
| STHEET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
| CHY-ST-ZIP | GREENVILLE SC 29607 | , | 3.4. CITY- | ST-ZIP | | | |
| THILE | VP | DELETE | 4,1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | TUCK, NOEL B. | | 4. 2 NAME | | | | |
| STREET ADDRES | | | 4.3 STREET | | | | |
| CiTY-SI-ZIP | GREENVILLE SC 29807 | | 4.4 CITY~5 | T-ZIP | | —————————————————————————————————————— | |
| TITLE | C DOOLETTE MOUNT | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME: | DOOLITTLE, MICHAEL | | 5.2 NAME | | | | |
| STREET ADDRÉS | | | 5.3 STREET | | | | |
| CHY-ST-ZIP | GREENVILLE SC 29607 | | 5.4 CITY - S | T-ZIP | | | |
| THEF | | DELETE | 61 TITLE | 1 | | Change Addition | |
| NAME | | | 62 NAME | İ | | , | |
| STREET ADDRES | S | | 63 STREET | ADDRESS | | | |
| City-St-7P | | | 6.4 CITY-5 | T-21P | | - | |

14. I do hereby certify that the information supplied with this filing 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: