

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90207 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000015575					
1. Corporation Name GOLF TIMES, INC.					
Principal Place of Business 5345 ORTEGA BLVD SUITE # 16 JACKSONVILLE FL 32210 US			Mailing Address 5345 ORTEGA BLVD SUITE #16 JACKSONVILLE FL 32210 US		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 02/22/1993					
2. Principal Place of Business 21 Suite, Apt. #, etc. Suite #11 22 City & State 23 Zip Country 24				4. FEI Number 59-3181306 Applied For ☐ Not Applicable	
2a. Mailing Address 26 Suite, Apt. #, etc. Suite #11 27 City & State 28 Zip Country 29				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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No				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	
9. Name and Address of Current Registered Agent WEBB, JESSE J JR. 165 BLAKE AVE ORANGE PARK FL 32073					
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 <i>[Signature]</i> DATE 4-26-99 Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE P ☐ DELETE NAME WEBB, JESSE H JR. STREET ADDRESS 165 BLAKE AVE CITY-ST-ZIP ORANGE PARK FL					
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)