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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000021867 (5)

1. Corporation Name

MINIATURE GOLF ASSOCIATION OF AMERICA, INC.

Principal Place of Business

PO BOX 32353
JACKSONVILLE FL 32237

Mailing Address

10215 NORMANDY BLVD.
JACKSONVILLE FL 32221-2045

3. Date Incorporated or Qualified
03/23/1993

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3173944

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

LAUN, WALTER R
~~8710 DENNY RD.~~ 10215 Normandy Blvd.
JACKSONVILLE FL ~~32220~~ 32221

10. Name and Address of New Registered Agent

81 Name Laun, Walter R., Sr.

82 Street Address (P.O. Box Number is Not Acceptable)
10215 Normandy Blvd.

83

84 City Jacksonville

FL

85 Zip Code
32221

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

Walter R. Laun, Sr.
Signature, typed or printed name of registered agent and title if applicable

Walter R. Laun, Sr. Pres.

3/5/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME LAUN, WALTER R SR
STREET ADDRESS ~~8710 DENNY ROAD~~ - 10215 Normandy Blvd.
CITY-ST-ZIP JACKSONVILLE FL ~~32220~~ 32221

TITLE ☐ DELETE
NAME LAUN, CECILIA C
STREET ADDRESS 8710 DENNY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☐ Change ☐ Addition
1.2 NAME Laun, Walter R. Sr.
1.3 STREET ADDRESS 10215 Normandy Blvd.
1.4 CITY-ST-ZIP Jacksonville, FL 32221

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 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:

Walter R. Laun, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter R. Laun, Sr., President

3/5/97

904-
781-4653

Date

Deputy Phone #

CR2E034 (9/96)