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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **P93000024060 (4)**

1. Corporation Name
NIBLICK GOLF MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
505 DELTONA BLVD SUITE 102 DELTONA FL 32725	505 DELTONA BLVD SUITE 102 DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3230335 — 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. Does corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EZELL, KENNETH
505 DELTONA BLVD
SUITE 201A
DELTONA FL 32725

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 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	CLIFTON, LLOYD	12 NAME	
13 STREET ADDRESS	505 DELTONA BLVD SUITE 102	13 STREET ADDRESS	
14 CITY-ST-ZIP	DELTONA FL 32725	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	CLIFTON, GEORGE	22 NAME	
23 STREET ADDRESS	505 DELTONA BLVD SUITE 102	23 STREET ADDRESS	
24 CITY-ST-ZIP	DELTONA FL 32725	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	EZELL, KENNETH	32 NAME	
33 STREET ADDRESS	505 DELTONA BLVD SUITE 102	33 STREET ADDRESS	
34 CITY-ST-ZIP	DELTONA FL 32725	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report 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 the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: _____ George M. Clifton 2/7/95 407-860-1223
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR) (DATE) (DAYTIME PHONE #)

0040542 CP