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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:39

DOCUMENT # **P93000026705 (2)**

1. Corporation Name
JCK GOLF CORPORATION

Principal Place of Business	Mailing Address
620 S. SAXON BLVD. DELTONA FL 32725	620 S. SAXON BLVD. DELTONA FL 32725

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1993
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-3179341 ☐ 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

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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MEADE, JOHN C
480 SUN LAKE CIRCLE
304
LAKE MARY FL 32746-6180

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	PTSM	1.1 TITLE	PTSM	☒ Change ☐ Addition
NAME	MEADE, JOHN C	1.2 NAME	MEADE, JOHN C.	
STREET ADDRESS	480 SUN LAKE CIRCLE, #304	1.3 STREET ADDRESS	760 AMHURST DRIVE	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MEADE, CLYDE K	2.2 NAME		
STREET ADDRESS	620 SOUTH SAXON BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MEADE, MARY C	3.2 NAME		
STREET ADDRESS	620 SOUTH SAXON BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME	HANRAHAN, ROBERT E.	4.2 NAME	ROBERT E. HANRAHAN	
STREET ADDRESS		4.3 STREET ADDRESS	384 KINGSLAKE DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DEBARY, FL 32713	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME	HANRAHAN, JOSEPHINE	5.2 NAME	JOSEPHINE HANRAHAN	
STREET ADDRESS		5.3 STREET ADDRESS	384 KINGS LAKE DR.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DEBARY, FL 32713	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C. Meade JOHN C. MEADE 3/15/95 (904) 774-1537
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0414410 FP