

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000026705 (2)

1. Corporation Name

JCK GOLF CORPORATION

Principal Place of Business

620 S. SAXON BLVD.  
DELTONA FL 32725

Mailing Address

620 S. SAXON BLVD.  
DELTONA FL 32725

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/08/1993

3a. Date of Last Report

03/21/1995

4. FET 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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(If 30-day Registered Agent signature is required, agent must sign)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PTSM  
MEADE, JOHN C  
760 AMHURST DRIVE  
ORANGE CITY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VD  
MEADE, CLYDE K  
620 SOUTH SAXON BLVD.  
DELTONA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D  
MEADE, MARY C  
620 SOUTH SAXON BLVD.  
DELTONA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D  
HANRAHAN, ROBERT E.  
384 KINGSLAKE DR.  
DEBARY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D  
HANRAHAN, JOSEPHINE  
384 KINGSLAKE DR.  
DEBARY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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)(k), 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

4-4-96

(904) 774-1537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE

CR2E034 (12/95)