SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT 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 JUN 20 AM 9:22

DOCUMENT # **P93000037948 (5)**

1. Corporation Name
STONECREST GOLF, INC.

Principal Place of Business	Mailing Address
11048 S 176TH PL RD SUMMERFIELD FL 34491-6693 US	11048 S 176TH PL RD SUMMERFIELD FL 32691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 11048 SE 176th PL Rd	26 11048 SE 176th PL Rd
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Summerfield, FL	City & State 28 Summerfield, FL
Zip / County 24 34491 / 25 Marion	Zip / County 29 34491 / 30 Marion

4. FEI Number: 59-3184129 ☐ 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

~~BELANGER, MICHAEL J~~
~~11048 S 176TH PL RD~~
~~SUMMERFIELD FL 32691~~

10. Name and Address of New Registered Agent

81 Name: Hall Robertson
82 Street Address (P.O. Box Number is Not Acceptable): 11048 S 176th PL Rd
83
84 City: Summerfield **FL** 85 Zip Code: 34491

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: Hall Robertson — 6/14/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	~~BELANGER, J M~~	12 NAME	Hall Robertson	
STREET ADDRESS	~~11048 S 176TH PL RD~~	13 STREET ADDRESS	11048 S 176th PL Rd	
CITY ST ZIP	~~SUMMERFIELD FL 34491~~	14 CITY ST ZIP	Summerfield, FL. 34491	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MAGUIRE, RAYMOND	22 NAME		
STREET ADDRESS	26 S. PENNSYLVANIA AVE STE 300	23 STREET ADDRESS		
CITY ST ZIP	ATLANTIC CITY NJ	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LINEBERRY, CHARLIES	32 NAME		
STREET ADDRESS	811 CENTRAL AVE STE 1	33 STREET ADDRESS		
CITY ST ZIP	CHARLOTTE NC	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 addition.

SIGNATURE: Hall Robertson — 6/14/95 — 904-245-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160042 FP