FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY - ST- ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000048589 (4) DOCUMENT #

GATOR GOLF OF VOLUSIA COUNTY, INC.

Principal Place of Business Mailing Address 623 RIDGEWOOD AVE 64 VILLAGE DR. HOLLY HILL FL 32117 **ORMOND BEACH FL 32174** US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3197304 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VOLLWEILER, ANDREW V Name 64 VILLAGE DR 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 83 84 City Zio Code 85 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 Signature, typed or printed name of registioned agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition VOLLWEILER, ANDY NAME 1.2 NAME **64 VILLAGE DR** STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition **VOLLWEILER, MARSHA** NAME 2.2 NAME **64 VILLAGE DR** STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TOTALE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ___ Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREFT ADDRESS** CITY-ST-ZIP 5 4 CITY - ST - ZIP

6.4 CITY - ST - ZIP 14. Thereby 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 supplied 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 of the corpo officer or director of the corporation of the Block 12 or Block 13 if changed, or brown

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

Change

Addition

FILED

Apr 13 1998 8:00am

Secretary of State