

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P93000059826 (6)

1. Corporation Name

ON THE GREEN GOLF, INC.



Principal Place of Business

Mailing Address

4518 HIGHWAY 20 EAST  
NICEVILLE FL 32578

4518 HIGHWAY 20 EAST  
NICEVILLE FL 32578

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3195057

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COON, DANIEL J  
4518 HIGHWAY 20 EAST  
NICEVILLE FL 32578

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

(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 C ☐ DELETE

NAME KUETH, PETER  
STREET ADDRESS 4400 HIGHWAY 20 E, STE 304  
CITY-ST-ZIP NICEVILLE FL

1.1 TITLE C ☐ Change ☐ Addition

1.2 NAME KUETH, PETER  
1.3 STREET ADDRESS 4540 Hwy. 20 East  
1.4 CITY-ST-ZIP Niceville, FL. 32578

TITLE P ☐ DELETE

NAME COON, DANIEL J  
STREET ADDRESS 4518 HIGHWAY 20, E  
CITY-ST-ZIP NICEVILLE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE

NAME HARRIS, HELENE, R.,  
STREET ADDRESS 4400 HIGHWAY 20 E, STE 304  
CITY-ST-ZIP NICEVILLE FL

3.1 TITLE ST ☐ Change ☐ Addition

3.2 NAME HARRIS, HELENE R.  
3.3 STREET ADDRESS 4540 Hwy. 20 East  
3.4 CITY-ST-ZIP Niceville, FL. 32578

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

Daniel J. Coon

04/26/96

(904) 897-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)