FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070019 (3)

1. Corporation Name
LEVEL BEST GOLF, INC.

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
12114 SEMINOLE BLVD. LARGO FL 34648	12114 SEMINOLE BLVD. LARGO FL 34648

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3205644 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOLOMON, JAMES G 12114 SEMINOLE BLVD. LARGO FL 34648	81 Name: FRED L. SOLOMON 82 Street Address (P.O. Box Number is Not Acceptable): 12114 SEMINOLE BLVD. 83 84 City: LARGO FL 85 Zip Code: 34648

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 Fred L. Solomon
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	P	1.1 TITLE	P.	XX Change ☐ Addition
NAME	SOLOMON, JAMES G	1.2 NAME	FRED L. SOLOMON	
STREET ADDRESS	12114 SEMINOLE BLVD.	1.3 STREET ADDRESS	12114 SEMINOLE BLVD.	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO, FL 34648	
TITLE	V	2.1 TITLE	V	XX Change ☐ Addition
NAME	SOLOMON, FRED L	2.2 NAME	SOLOMON, JAMES G.	
STREET ADDRESS	285 107TH AVE 601	2.3 STREET ADDRESS	4101 KIPLING AVENUE	
CITY-ST-ZIP	TREASURE ISL FL	2.4 CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE		3.1 TITLE	SEC	☐ Change XX Addition
NAME		3.2 NAME	SANDERS, PATRICIA A.	
STREET ADDRESS		3.3 STREET ADDRESS	11680 SHIPWATCH DR. #1452	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LARGO, 34644	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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: Fred L. Solomon FRED L. SOLOMON PRESIDENT 4-26-95 813-585-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CF