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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P93000070853 (5)

INTERNATIONAL GOLF DISCOUNT OF N.W. FLORIDA, INC

Principal Place of Business Mailing Address 2605 W 23 ST 2605 W 23 ST PANAMA CITY FL 32405 PANAMA CITY FL 32405 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 10/06/1993 4. FEI Number 2. Principal Place of Business 2a. Mailino Address Applied For 59-3206154 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing City & State Oty & State \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent B1 Name STOKES, MICHAEL S. 82 Street Address (P.O. Box Number is Not Acceptable) 2605 W. 23RD ST. PANAMA CITY FL 32405 83 84 City 85 Zin Code FL 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. nature, typed on profited name of registered agent and little it apply, able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TILLE STOKES, KATHLEEN C 1.2 NAME 2605 W 23 ST 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY - ST - ZIP 1.4 CITY - S1 - 2(P [] DELETE Change 2.11016 Addition HILE STOKES, MICHAEL S 2.2 NAME NAME 2605 W 23 ST STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 32405 CHY-ST-ZIP 2.4 CITY - ST - ZIP ☐ Addition DELE 1E ☐ Change 117.F 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4.0.TY-ST-ZIP CITY: S1-2IF DELETE ☐ Change Addition TITLE 4 1 THE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CHY SI-ZIP Change Addition DECEME 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS C-14-\$1-2IP 5.4 CHY-\$1-7IP DELETE 6 1 TIFLE Change Add tien Table 6.2 NAME NAM: STREET ADDRESS **6.3 STREET ADDRESS**

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 of director of the corporation oc, 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 Book 13 if changed, or an attacknowled with all address.

64 CITY-ST-ZIP

SIGNATURE:

4/11

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