

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076385 (2)

1. Corporation Name

TEAM CLASSIC GOLF SERVICES, INC.

Principal Place of Business

1296 HEMPEL AVE.
P.O. BOX 150
WINDERMERE FL 34734-0150

Mailing Address

12149 CRESCENT COVE COURT
WINDERMERE FL 34706



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 3417 Bay Meadow Ct

22 City & State 27 Windermere FL

23 Zip 28 34786 29 Country 30

24 25 29 30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

11/03/1993

3a. Date of Last Report

07/19/1995

4. FEI Number

59-3208255

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

10. Name and Address of New Registered Agent

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 date of change

(NOTE: Registered Agent signature required when report is filed)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME RITSON, PHILIP V
STREET ADDRESS 12149 CRESCENT COVE CT.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D
NAME RITSON, MICHELLE V
STREET ADDRESS 12149 CRESCENT COVE CT.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D
NAME HOOD, GREG
STREET ADDRESS 7258 DELLA DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE D
NAME CHIYOKO I SUYAMA
STREET ADDRESS 1296 HEMPEL AVENUE
CITY-ST-ZIP WINDERMERE, FL 34734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE P
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

11 TITLE P
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and
that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/96

407-298-8000

CR2E034 (3/96)