

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

**APPROVED  
AND  
FILED**

**95 MAY -1 PH 3:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Carroll B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000003155**

1. Corporation Name  
**Bumper Golf on Wheels Inc.**

Principal Place of Business  
**Unit 246**

Mailing Address  
**22770 S. Tamiami Trail  
ESTERO, FL.  
33928**

**600001482646**  
-05/10/95--01065--001  
\*\*\*200.00 \*\*\*200.00

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address
22	State, Apt # etc	26	State, Apt # etc
23	City & State	27	City & State
24	City	28	City
25	Locality	29	Locality
30	Locality		

3	Date Incorporated or Qualified	3a	Date of Last Report
	1/6/94		
4	FEI Number	Applied For	
	65-0458079		Not Applicable
5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**HARDY F. DARDEN**  
**22770 S. TAMIAAMI TR.**  
**ESTERO, FL.**  
**33928 UNIT 246**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P O Box Number is Not Acceptable)
83	
84	City
85	Zip 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT / TREASURER</b>
NAME	<b>HARDY F. DARDEN</b>
STREET ADDRESS	<b>22770 TAMIAAMI TR. S.</b>
CITY ST ZIP	<b>ESTERO, FL. 33928 UNIT 246</b>
TITLE	<b>VIC. PRESIDENT / SECRETARY</b>
NAME	<b>JULIA V. DARDEN</b>
STREET ADDRESS	<b>22770 TAMIAAMI TR. S. UNIT 246</b>
CITY ST ZIP	<b>ESTERO, FL. 33928</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY ST ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY ST ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY ST ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY ST ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY ST ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Sections 119 07(1)(b), Florida Statutes. I further certify that the information included 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13, or is typed on a separate attachment with an address.

SIGNATURE: **Hardy F. Darden** **HARDY F. DARDEN** **5/1/95** **495-987**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR