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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

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt # etc	26	State, Apt # etc
22	City & State	27	City & State
23	City & State	28	City & State
24	City	29	City
25	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	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under 3-199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARDY F. DARDEN
22770 S. TAMiami 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

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 _____ (Type or print name of registered agent and FEI number)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / TREASURER
NAME	HARDY F. DARDEN
STREET ADDRESS	22770 TAMiami TR. S.
CITY ST ZIP	ESTERO, FL. 33928 UNIT 246
TITLE	VIC. PRESIDENT / SECRETARY
NAME	JULIA V. DARDEN
STREET ADDRESS	22770 TAMiami TR. S. UNIT 246
CITY ST ZIP	ESTERO, FL. 33928
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 in an attachment with an address.

SIGNATURE: *Hardy F. Darden* **HARDY F. DARDEN** 5/1/95 ^{8:3} 495-987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR