FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000004428 (6)**

1. Corporation Name

LADY LINKS GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 TYRON CIRCLE TALLAHASSEE FL 32312 US	100 TYRON CIRCLE TALLAHASSEE FL 32312 US

2. Principal Place of Business 21 7505 Preservation Rd.	2a. Mailing Address 26 7505 Preservation Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL
Zip / Country 24 32312 / 25 USA	Zip / Country 29 32312 / 30 USA

3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report 05/18/1995
4. FEI Number 59-3225940	☐ 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	

9. Name and Address of Current Registered Agent

HAUSER, JAMES C
701 FIRST FLORIDA BANK BLDG.
215 SOUTH MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Becky Sauers
82 Street Address (P.O. Box Number is Not Acceptable): 7505 Preservation Rd.
83
84 City: Tallahassee FL 85 Zip Code: 32312

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: Becky Sauers — BECKY SAUERS (Signature, typed or printed name of individual with authority to sign on behalf of the corporation) — 6/27/96 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HAUSER, BECKY		1.2 NAME	Becky Sauers
STREET ADDRESS	100 TYRON CIRCLE		1.3 STREET ADDRESS	7505 Preservation Rd
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Becky Sauers — BECKY SAUERS — 6/27/96 — 904-668-3052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #