FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -7 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013814 (6)

1. Corporation Name
RED BUG GOLF RANGE, INC.

Principal Place of Business	Mailing Address
1265 TABSWORTH TERRACE HEATHROW FL 32746	1265 TABSWORTH TERRACE HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 7151 RED BUG LAKE RD.
Suite, Apt. #, etc.
22
City & State
23 OVIEDO, FL
Zip 24 32765 Country 25 SEMINOLE

2a. Mailing Address
26 1111 ERMINE AVE
Suite, Apt. #, etc.
27
City & State
28 WINTER SPRINGS, FL
Zip 29 32708 Country 30 SEMINOLE

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report:

4. FEI Number: 59-3276998 ☐ 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
LEE, MYONG K
1265 TABSWORTH TERRACE
HEATHROW FL 32746

10. Name and Address of New Registered Agent
81 Name: MYONG K. LEE
82 Street Address (P.O. Box Number is Not Acceptable)
83 1111 ERMINE AVE
84 City: WINTER SPRINGS FL 85 Zip Code: 32708

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: MYONG K LEE VICE PRESIDENT 1-9-95
(If not the above named registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PARK, SEONG S
STREET ADDRESS	1265 TABSWORTH TERRACE
CITY-ST-ZIP	HEATHROW FL 32746
TITLE	VTD
NAME	LEE, MYONG K
STREET ADDRESS	1265 TABSWORTH TERRACE
CITY-ST-ZIP	HEATHROW FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
1.2 NAME	CHAE YOUNG OH	
1.3 STREET ADDRESS	4405 WILLA CREEK DR. #209	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
2.2 NAME	MYONG K. LEE	
2.3 STREET ADDRESS	1111 ERMINE AVE	
2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(i), 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: MYONG K. LEE 1-9-95 (407)696-5315
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0040433 CP