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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:25

DOCUMENT # **P94000017021 (4)**

1. Corporation Name

KO GOLF MANAGEMENT AND CONSULTANTS, INC.

Principal Place of Business	Mailing Address
6060 FT. CAROLINE ROAD SUITE 11 JACKSONVILLE FL 32211	6060 FT. CAROLINE ROAD SUITE 11 JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report: N / A

2. Principal Place of Business	2a. Mailing Address
21 10850 HARTS ROAD	26 10850 HARTS ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32218 Country 25 DUVAL	Zip 29 32218 Country 30 DUVAL

4. FEI Number: 59-3274415 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOYLE, WILLIAM E ESQ. 225 WATER STREET SUITE 1400 JACKSONVILLE FL 32202	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 _____ DATE
Signature, type or print name of registered agent, and if applicable, title — NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D / P ☒ Change ☐ Addition
NAME	KENT, RICHARD B JR.	12 NAME	KENT, RICHARD B JR
STREET ADDRESS	14180 TOMAS POINT LANE	13 STREET ADDRESS	14180 TOMAS POINT LANE
CITY ST ZIP	JACKSONVILLE FL 32225	14 CITY ST ZIP	JACKSONVILLE FL 32225
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	OSBORNE, JOHN C	22 NAME	OSBORNE, JOHN C
STREET ADDRESS	1475 BEACH AVENUE	23 STREET ADDRESS	1475 BEACH AVENUE
CITY ST ZIP	ATLANTIC BEACH FL 32233	24 CITY ST ZIP	ATLANTIC BEACH FL 32233
TITLE	D	31 TITLE	D / S / T ☒ Change ☐ Addition
NAME	SIMONIN, JOHN T	32 NAME	SIMONIN, JOHN T
STREET ADDRESS	10297 BENT TREE LANE	33 STREET ADDRESS	10297 BENT TREE LANE
CITY ST ZIP	JACKSONVILLE FL 32257	34 CITY ST ZIP	JACKSONVILLE FL 32257
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: John T Simonin JOHN T SIMONIN 4-5-95 (904) 751-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008301 CP