FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000022117 (3) DOCUMENT # 1. Corporation Name

Principal Place of Business	Mailing Address	
713 N. 14TH STREET	713 N. 14TH STREET	
LEESBURG FL 34748	LEESBURG FL 34748	

FILED

Apr 15 1998 8:00am Secretary of State

MID FLORIDA GOLF, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1994 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3229535 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. ☐ No 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name ELROD, HOYT E II 713 N. 14TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 83 City 84 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, typed or printed name of registered agent and title if applicab ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 12 OFFICERS AND DIRECTORS 13. DELETE TITLE **VPTS** Change ■ Addition ELROD, II H E NAME 1.2 NAME 713 N 14TH ST STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MEARS, RICHARD I NAME 2.2 NAME 32154 HARRIS RD STREET ADDRESS 2.3 STREET ADDRESS **TAVARES FL** 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 empawered 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 oddress.

SIGNATURE: _