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 JUN 21 AM 8:15

DOCUMENT # P94000031139 (6)

1. Corporation Name
KENNY KNOX GOLF ACADEMY, INC.

Principal Place of Business
2550 POTTSDAMER STREET
TALLAHASSEE FL 32310

Mailing Address
2550 POTTSDAMER STREET
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: INITIAL

2. Principal Place of Business
21 3256 HORSESHOE TRAIL
Suite, Apt. #, etc. 22
City & State 23 TALLAHASSEE, FLORIDA
Zip 24 31312 Country 25

2a. Mailing Address
26 3256 HORSESHOE TRAIL
Suite, Apt. #, etc. 27
City & State 28 TALLAHASSEE, FLORIDA
Zip 29 32312 Country 30

4. FEI Number: 59-3241955 ☐ 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

KNOX, KENNY
2550 POTTSDAMER STREET
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: KNOX, KENNY
82 Street Address (P.O. Box Number is Not Acceptable): 3256 HORSESHOE TRAIL
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: Kenny Knox 6/16/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PRESIDENT
NAME	KNOX, KENNY	12 NAME	KNOX, KENNY
STREET ADDRESS	2550 POTTSDAMER STREET	13 STREET ADDRESS	3256 HORSESHOE TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32310	14 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32312
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

☐ Change ☐ Addition

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: Kenny Knox 6/16/95 (904) 894-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0028600 CP