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 # **P94000031139 (6)**

1. Corporation Name
KENNY KNOX GOLF ACADEMY, INC.

Principal Place of Business
3256 HORSESHOE TRAIL
TALLAHASSEE FL 31312
US

Mailing Address
3256 HORSESHOE TRAIL
TALLAHASSEE FL 32312
US

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: 06/21/1995

2. Principal Place of Business
21 800 WEST MADISON ST.
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 800 WEST MADISON ST.
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEIN number: 59-3241955 — Applied For / Not Applicable

5. Certificate of Status is 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
3256 HORSESAHOE TRAIL
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent
81 Name: KENNY KNOX
82 Street Address (P.O. Box Number is Not Acceptable): 800 WEST MADISON STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32304

11. Pursuant to the provisions of Section 607.0502 and 607.0508, 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. The 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 X [signature] X 3-15-96
Signature for Corporate Change of Registered Office or Registered Agent — Signature of Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNOX, KENNY
STREET ADDRESS	3256 HORSESHOE TRAIL
CITY-ST-ZIP	TALLAHASSEE FL
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☑ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	800 WEST MADISON STREET
14 CITY-ST-ZIP	TALLASSEE, Florida 32304
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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: X [signature] X 3-15-96 904-224-1342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)