

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:51**

DOCUMENT # P94000052881 (7)

1. Corporation Name

GOLF CARS OF FLORIDA, INC.

Principal Place of Business

**1102 N. GADSDEN STREET
TALLAHASSEE FL 32303**

Mailing Address

**1102 N. GADSDEN STREET
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

07/18/1994

4. FEI Number
58-2128253

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

2. Principal Place of Business

21 **3572 S.E. Dixie Highway**

2b. Mailing Address

26 **3572 S.E. Dixie Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Stuart, FL**

City & State

28 **Stuart, FL**

Zip

24 **34997**

Country

25 **USA**

Zip

29 **34997**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SIMPSON, LARRY D ESQ.
1102 N. GADSDEN STREET
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

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

Signature (print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

**John B. Clough
3572 S.E. Dixie Highway
Stuart, FL 34997**

Change Addition

President

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

**Charles Johnson
3572 S.E. Dixie Highway
Stuart, FL 34997**

Change Addition

Vice-President

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

**G. Grayson Boyce
Route 29, P.O. Box 158
Collegeville, PA 19426**

Change Addition

Treasurer

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

**Marie S. Shoap
Route 29, P.O. Box 158
Collegeville, PA 19426**

Change Addition

Secretary

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

**Joseph A. Kelly, Jr.
Route 29, P.O. Box 158
Collegeville, PA 19426**

Change Addition

Asst. Secretary

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

SIGNATURE:

Joseph A. Kelly, Jr.
Printed Name of Signing Officer or Director
JOSEPH A. KELLY, JR.

Via President

3-21-95
Date

610-489-1400
Daytime Phone #

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 110.07(6)(b), 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.