

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 29 1996 8:00 am  
Secretary of State

DOCUMENT # **P94000052881 (7)**

1. Corporation Name

**GOLF CARS OF FLORIDA, INC.**



Principal Place of Business

3572 SE DIXIE HIGHWAY  
STUART FL 34997  
US

Mailing Address

3572 SE DIXIE HIGHWAY  
STUART FL 34997  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
**07/18/1994**

3a. Date of Last Report  
**03/31/1995**

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

10. Name and Address of New Registered Agent

81 Name **CHARLES R JOHNSON JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3572 SE DIXIE HIGHWAY**

83

84 City **STUART** FL 85 Zip Code **34997**

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent or both in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

2/29/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P CLOUGH, JOHN</b>
STREET ADDRESS	<b>3572 SE DIXIE HIGHWAY</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V JOHNSON, CHARLES</b>
STREET ADDRESS	<b>3572 SE DIXIE HIGHWAY</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T BOYCE, GRAYSON G</b>
STREET ADDRESS	<b>RT. 29, BOX 158</b>
CITY-ST-ZIP	<b>COLLEGEVILLE PA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S SHOAP, MARIE</b>
STREET ADDRESS	<b>RT. 29, BOX 158</b>
CITY-ST-ZIP	<b>COLLEGEVILLE PA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
28 NAME	<b>JOSEPH A. KELLY, SR.</b>
29 STREET ADDRESS	<b>ASST. SECRETARY</b>
30 CITY-ST-ZIP	<b>RT 29, BOX 158</b>
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<b>COLLEGEVILLE, PA. 19426</b>
35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME	
37 STREET ADDRESS	
38 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(34)(j) 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:

*[Signature]*

ASST. SECRETARY

2/26/96

610-489-1400

CR2E034 (12/95)