

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

**FILED**  
**Jun 20 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P94000052881 (7)**  
 1. Corporation Name  
**GOLF CARS OF FLORIDA, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>3572 SE DIXIE HIGHWAY<br/>                 STUART FL 34997<br/>                 US</b> | Mailing Address<br><b>3572 SE DIXIE HIGHWAY<br/>                 STUART FL 34997-5245<br/>                 US</b> |
|--|---|

|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>07/18/1994</b>   | 3a. Date of Last Report<br><b>03/29/1996</b> |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>58-2128253</b>   | Applied For<br>Not Applicable                |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| 9. Name and Address of Current Registered Agent<br><b>BLANTON, EDWIN F ESQ.<br/>                 825 THOMASVILLE ROAD<br/>                 TALLAHASSEE FL 32303</b> |  |  |  | 10. Name and Address of New Registered Agent |   |
|   |  |  |  | 81   | Name  |
|   |  |  |  | 82   | Street Address (P. O. Box Number is Not Acceptable) |
|   |  |  |  | 83   |   |
|   |  |  |  | 84   | City  |
|   |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CLOUGH, JOHN</b>             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3572 SE DIXIE HIGHWAY</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>STUART FL</b>                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSON, CHARLES</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3572 SE DIXIE HIGHWAY</b>    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>STUART FL</b>                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOYCE, GRAYSON G</b>         | 3.2 NAME  |   |
| STREET ADDRESS             | <b>RT. 29, BOX 158</b>          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>COLLEGEVILLE PA</b>          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SHOAP, MARIE</b>             | 4.2 NAME  |   |
| STREET ADDRESS             | <b>RT. 29, BOX 158</b>          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>COLLEGEVILLE PA</b>          | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KELLY, JOSEPH A. SR.</b>     | 5.2 NAME  |   |
| STREET ADDRESS             | <b>RT 29, BOX 158</b>           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>COLLEGEVILLE PA</b>          | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 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.

*JOSEPH A. KELLY JR.*  
 RECEIVED BY CHAIRMAN  
 119-1189-11602

CR2E034 (9/96)