

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000063553 (9)

1. Corporation Name

HOLE IN ONE OF SARASOTA, INC.

Principal Place of Business

356 SOUTH SHORE DRIVE  
SARASOTA FL 34234

Mailing Address

356 SOUTH SHORE DRIVE  
SARASOTA FL 34234-3747

2. Principal Place of Business

21 5901 Erie Rd

2a. Mailing Address

26 PO Box 342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ellenton FL

City & State

28 Ellenton FL

Zip

24 34222

Country

25 USA

Zip

29 34222

Country

30 USA

9. Name and Address of Current Registered Agent

RICCI, SCOTT A  
356 SOUTH SHORE DRIVE  
SARASOTA FL 34234

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

05/31/1996

4. FEI Number

65-0517017

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

82 Street Address (P.O. Box Number is Not Acceptable)

504 83rd St

83

84 City

Holmes Beach

FL

85 Zip Code

34217

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, typewritten or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME RICCI, ALBERT J  
STREET ADDRESS 356 SOUTH SHORE DRIVE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE

NAME RICCI, SCOTT A  
STREET ADDRESS 356 SOUTH SHORE DRIVE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

504 83rd St  
Holmes Beach, FL 34217

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

941-729-8999

Daytime Phone #

CR2E034 (9/96)