

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 # P94000063828 (5)

1. Corporation Name

BOBBY GRACE GOLF DESIGN INC.



Principal Place of Business

2200 26TH ST., N  
ST PETERSBURG FL 33713  
US

Mailing Address

2200 26TH ST., N  
ST PETERSBURG FL 33713  
US

3. Date Incorporated or Qualified  
08/26/1994

3a. Date of Last Report  
03/16/1995

2. Principal Place of Business

21 12200 28 ST. N.

Suite, Apt. #, etc.

2a. Mailing Address

26 12200 28 ST. N.

Suite, Apt. #, etc.

22 City & State

23 ST. PETERSBURG, FL

Zip

24 33716

Country

25 U.S.

27 City & State

28 ST. PETERSBURG, FL

Zip

29 33716

Country

30 U.S.

4. FEI Number

59-3262609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

GRACE, BOBBY  
2200 26TH ST., N  
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

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

12200 28 ST. N.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33716

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P GRACE, BOBBY ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
2200 26TH ST., N  
ST PETERSBURG FL

TITLE S GRACE, ANN ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
2200 26TH ST., N  
ST PETERSBURG FL

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

12200 28 ST. N.  
ST. PETERSBURG, FL 33716

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

12200 28 ST. N.  
ST. PETERSBURG, FL 33716

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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\*\*\*200.00

72  
4.26

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:

*Bobby Grace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96  
Date

(813) 573-1945  
Daytime Phone #

CR2E034 (12/95)