FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000070855 (9)**

1. Corporation Name
INTERNATIONAL GOLF MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2101 E EDGEWOOD DR LAKELAND FL 33803	2101 E EDGEWOOD DR LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: County — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: County — 30:

4. FEI Number: 59-3270496 ☐ 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 indebtedness to the state as defined under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARTAIN, J. K. 2101 E EDGEWOOD DR LAKELAND FL 33803	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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	SARTAIN, J. K.	12 NAME		
STREET ADDRESS	2102 E EDGEWOOD DR	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803	14 CITY-ST-ZIP		
TITLE	DT	21 TITLE		☐ Change ☐ Addition
NAME	STINE, WILLIAM	22 NAME		
STREET ADDRESS	2801 KISSIMMEE BAY BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	MILLER, D. J.	32 NAME		
STREET ADDRESS	2101 E EDGEWOOD DR	33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DV	☑ Change ☐ Addition
NAME	ZAKANY, S.	42 NAME	Zakany S	
STREET ADDRESS	2101 E EDGEWOOD DR	43 STREET ADDRESS	2101 E. Edgewood Drive	
CITY-ST-ZIP	LAKELAND FL 33803	44 CITY-ST-ZIP	Lakeland, FL. 33803	
TITLE		51 TITLE	REMITTED BY MAY 1	☐ Change ☒ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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(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, added or deleted.

SIGNATURE: [signature] 4-26-95 813-667-1317
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0013048 CP