

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071398 (9)

1. Corporation Name

BENTGRASS GOLF, INC.

Principal Place of Business

**3680 PINE STREET
JACKSONVILLE FL 32205**

Mailing Address

**3680 PINE STREET
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

2. Principal Place of Business

21 4159 Oxford Ave

2a. Mailing Address

26 4159 Oxford Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE FL

27 City & State

28 JACKSONVILLE FL

24 Zip **32210**

25 Country **USA**

29 Zip

30

Country

4. FEI Number

59-3270948

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

9. Name and Address of Current Registered Agent

**WALTON, A D
3680 PINE STREET
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

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 of agent or current registered agent and date of signature

Signature of Registered Agent and date of signature

(Date)

12. OFFICERS AND DIRECTORS

**PRESIDENT SECRETARY TREASURER
ALONZO D.S. WALTON
3680 PINE STREET
JACKSONVILLE FL 32205**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

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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)(b), 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 mayor 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 amendment to my address.

SIGNATURE:

Alonzo D.S. Walton
Signature and Typewritten Name of Officer or Director

President

4.21.95

201-384-0677