FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074464 (6)

1. Corporation Name
WALT'S DISCOUNT GOLF, INC.

Principal Place of Business	Mailing Address
8209-11 SUN SPRINGS CIRCLE ORLANDO FL 32805	8209-11 SUN SPRINGS CIRCLE ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 170 S. Semoran Blvd.
22: Suite, Apt. #, etc.
23: Orlando, FL
24: Zip 32807-3293 25: Country Orange

2a. Mailing Address
26: 170 S. Semoran Blvd
27: Suite, Apt. #, etc.
28: Orlando, FL
29: Zip 32807-3293 30: Country Orange

4. FEI Number: 59-3271318 ☐ 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

HEATH, WALTER T SR.
8209-11 SUN SPRINGS CIRCLE
ORLANDO FL 32805

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D P S	☒ Change ☐ Addition
NAME	HEATH, WALTER T SR	1.2 NAME		
STREET ADDRESS	8209-11 SUN SPRINGS CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D VP T	☒ Change ☐ Addition
NAME	TYNDALL, JACK L	2.2 NAME		
STREET ADDRESS	2304 BAGHDAD AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32833	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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 the 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: Walter T Heath Jr 2/14/95 (407) 381-0505
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0417424 FP