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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000075133 (6)

1. Corporation Name

KANDT KONNECTION GOLF, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 11:15

Principal Place of Business

1875 SPRUCE CREEK BLVD E
DAYTONA BEACH FL 32124

Mailing Address

1875 SPRUCE CREEK BLVD E
DAYTONA BEACH FL 32124

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

4. FEI Number

59-3276743

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

2. Principal Place of Business

21 1912 SECLUSION DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 1912 SECLUSION DRIVE

Suite, Apt. #, etc.

City & State

23 DAYTONA BEACH, FLORIDA

City & State

28 DAYTONA BEACH, FLORIDA

Zip

24 32124

Country

25 VOLVSLA

Zip

29 32124

Country

30 VOLVSLA

9. Name and Address of Current Registered Agent

KANDT, LUANN
1875 SPRUCE CREEK BLVD E
DAYTONA BEACH FL 32124

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

10. Name and Address of New Registered Agent

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 D
NAME KANDT, LUANN
STREET ADDRESS 1912 SECLUSION DRIVE
CITY - ST - ZIP DAYTONA BEACH FL 32124

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lu Ann Kandt LuAnn KANDT

3-7-95

904-761-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #