FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000085189 (6)

REDMAN GOLF CARS, INC.

Principal Place of Business Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



5231 CORNELL STREET LAKELAND FL 33809			5231 CORNELL ST LAKELAND FL 336			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1994		
2. Principal P	ess	2a. Mailing Addres	Mailing Address		4, FEI Number		oplied For	
21	# -4-		26			59-3279895		ot Applicable Additional
Suite, Apt.	W, BIC.		Suite, Apt. #, 6	ili.		5. Certificate of Status Desired	•	equired
City & State	<u> </u>		City & State			6, Election Campaign Financing	\$5.00	
23			28			Trust Fund Contribution		to Fees
Zip		Country	Zip			This corporation owes or has paid the current year Intangible		
24	ļ.	25	29	29 30		Personal Property Tax due June 30. 🛮 Yes 🔲 No		
	g, Name	and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Registered	Agent	
REDMAN, CAROLYN S								
5231 CORNELL STREET					82 Street A	ddress (P.O. Box Number is Not Acceptable)		
LAH	Keland Fl	33809						
					63			į
					84 City	F1	85 Zip	Code
						FL		No 1-6 d
11. Pursuant	to the provisi registered ag	ons of Sections 607.0 ent, or both, in the St	3502 and 607.1508, Florida ate of Florida. Such chang	i Statutes, the e was authoria	above-named c zed by the corpo	orporation submits this statement for the purpose or eration's board of directors. I hereby accept the ap-	ir changing it pointment as	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				AIOU D		puired when reinstating) DATE		
	Signature, typed	or printed name of registered	AND DIRECTORS	(NOTE: Registr		equired when rainstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
12.	DP	OFFICERO	DEL		I TITLE	ADDITIONAL OF THE PARTY OF THE	Change	Addition
NAME		I, CAROLYN S			2 NAME			
STREET ADDRESS		RNELL STREET			STREET ADDRESS			
CITY-ST-ZIP	LAKELAN				4 CITY-ST-ZIP			
TETLE		10 1 <u>E</u>	DEL		1 TITLE	The state of the s	☐ Change	☐ Addition
NAME				2.2	2 NAME			
STREET ADDRESS				2.3	STREET ADDRESS	puls to the second		ł
CITY-ST-ZIP				2.	4 CITY-ST-ZIP			
TETLE			☐ DEL	ETE 3.1	1 TITLE		☐ Change	Addition
NAME				3.2	2 NAME			
STREET ADDRESS				3.3	S STREET ADDRESS			
CITY-ST-ZIP				3.4	CITY-ST-ZIP			-
TITLE			DELI	ETE 4.1	1 TITLE		Change	Addition
NAME	1			4.	2 NAME			
STREET ADDRESS				4.3	STREET ADDRESS			
CITY-ST-ZIP					CITY-S1-ZIP			
TITLE			☐ DEL		I TITLE		Change	Addition
NAME					2 NAME			
STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP			T and		CITY-S1-ZIP		Chana-	Addition
TITLE			☐ DEL		1 TITLE		Change	Addition
NAME					2 NAME			
STREET ADDRESS					3 STREET ADDRESS			
CITY-ST-ZIP	nostilit that the	information ourseles	d with this filing does not a		CITY-ST-ZIP	in Section 119 07(3)(i) Florida Statutes, I further of	ertify that the	information

Training the first the information supplied with this him globes not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner certify that the information indicated on this annual report to rsupplemental 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.