PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000085582

MONARCH GOLF, INC.

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90067 039 ***150.00



Principal Place of Business Mailing Address						MÉBUT ABUT ABUT BOUT BOU	Ti ikini bilat bila	il (Bain iina imai
26600 ACE AVE 26600 ACE AVE								
LEESBURG FL 34748 LEESBURG FL 34748					500	DO NOT MORE IN THE SPACE		
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated of	ir Qualifed		
		T-20			11/21/1994			liad Faa
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		<u> </u>	pplied For
21 28					<u>59-3282405</u>	-		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ''.'			Desired		Additional equired
City & State City & State					6. Election Campaign	Financing	\$5.00	May Be
23		28			Trust Fund Contribu	ıtion	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation ow	es the current year I		
24	25	29	30		Personal Property	ax	☐ Yes	No -
	9. Name and Address of Curre	nt Registered Agent			10. Name and Addres	s of New Registered	Agent	
				81 Name				
SUMMERS, GARY L ESQ				82 Street Add	ddress (P.O. Box Number is Not Acceptable)			
	LIAMS, SMITHLAND SUMMERS	PA		Sueer Add	Address (P.O. Box Number is Not Acceptable)			
	West Alfres St			83				
TAVARES FL 32778						·		
1			Ì	84 City		FI	85 Zip	Code
11 Dumunt	to the provisions of Sections 607.05	02 and 607 1508 Florida S	latutes the al	ove-named cor	poration submits this statem	ent for the purpose of	of changing its	registered
office or re	egictored agent, or both, in the State	e of Fiorida. Such change w	as authonzed	by the corporat	ion's board of directors. I he	reby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505	, Florida Statu	tes.				
SIGNATURE						DATE		
	Signature, typed or printed name of registered ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOTE: Registered	Agent signature requi	ADDITIONS/CHANG		AND DIRECTO	ORS IN 12
12.	p OFFICERS A	ND DIRECTORS ☐ DELETI		<u></u>	7,00111011070101110	20 10 0111021101	Change	Addition
TITLE	•							_
NAME (PRINGLE, JOHN A.		1.2 NA					<u>-</u> .
STREET ADDRESS	26600 ACE AVE			REET ADDRESS				
CITY-ST-ZIP	LEESBURG FL			Y-ST-ZIP			Change	Addition
TITLE	VP ,	☐ DELETI	1					☐ V0010011
NAME	PRINGLE, MARY R.		2.2 NA	ME (•
STREET ADDRESS	2660 ACE AVE		2.3 \$T	REET ADDRESS			. •• • • •	
CITY-ST-ZIP	LEESBURG FL			TY-ST-ZIP	***		*STAL	The Address of
TITLE	ST	☐ DELET	3.1 TIT	LE	George O.	Princle	Change	Addition
NAME	PRINGLE, GEORGE D.)		3.2 NA	ME I	George U.	L1142	i	
STREET ADDRESS	26600 ACE AVE		3.3 ST	REET ADDRESS				
CITY-ST-ZIP	LEESBURG FL		3.4. Cf	TY-ST-ZIP				
TITLE		☐ DELET	E 4.1 TIT	LE			☐ Change	☐ Addition
NAME			4. 2 N	ME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELET					Change	☐ Addition
NAME		-	5.2 NA	į.				
{ l			5.3 ST	REET ADDRESS				
STREET ADORESS				Y-ST-ZIP				
CITY-ST-ZIP		☐ DELET			····		Change	Addition
IIILE ;	122 - Le 19 - Li	<u> </u>	6.2 NA					_
NAME	The state of			REET ADDRESS				
STREET ADDRESS		C'						
CITY-ST-ZIP			6.4 CIT	Y+ST-ZiP				

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: