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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUI	MENT # P940	00094142 (4)					
1. Corporation	GOLF, INC.	,					å r 148 ir a lden 148 i 1881
Principa! Place	of Business	Mailing Address			[0,0)	film dena linn dir	D) KABAI DIOTO IIDI 1881
6900 FRUITVILLE RD. SARASOTA FL 34240		6800 FRUITVILLE RD. SARASOTA FL 34240					
					3. Date Incorporated or Qualified 12/29/1994	3a. Date of La 05/01	
	cipal Place of Business 2a. Mailing Address				CE 0540000		Applied For
21 Suite Ant							Not Applicable
22 Suite, Apr.					5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing		
23		28			Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country Zip 25 29 30		Country 30	Country 8. This corporation has liability for intangible ta Florida Statutes ☐ Yes ☐ No		ntangible tax und	
	9, Name and Address of Cur	ent Registered Agent			10. Name and Address of New Re	egistered Agen	t
			81	Name			
WALKER, JAMES			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
6800 FF		00					
SAHASU	OTA FL 34240		83				
			84	City		FI 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the above o	amed cornor	ation submits this statement for the purp		ite registered office
	ed agent, or both, in the State of Fi th, and accept the obligations of, S		by the corpo	oration's boar	rd of directors. I hereby accept the appo	intment as regis	tered agent. I am
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title it applicable (NOTE:	Ranislared Anoni	Surroghuro revu irrev	d when reinstating	DATE	
12.		ND DIRECTORS	13.	agratore racjoire	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	D DELETE		1.1 TITLE			☐ Cha	
NAME	WALKER, JAMES		1.2 NAME				
STREET ADDRESS	860 FAULKWOOD CT.		1 3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY - ST- ZIP				
TITLE	D DELETE		2. 1 TITLE			☐ Cha	inge Addition
NAME STREET ADDRESS	STAFFORD, ROLAND 4338 B HAZEL AVE. 201 OCEAN KEY WAY		2.2 NAME				
CITY-SI-ZIP	DALLA DELOLI DI DOPPIO EL COLLO TILO TESO COLO		2.3 STREET ADDRESS 74 CITY-ST-ZIP				
TITLE	DELETE		3 1 TITLE			[] Cha	nge 🔲 Addition
NAME	i seedle		3 2 NAME			ال ال	Addition
STREET ADDRESS			3.3. STREFT ADDRESS				
CITY-S1-ZIP			3.4 CITY - ST - ZIP				
TIFLE	☐ DELETE		4. 1 TITLE			☐ Cha	nge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET /	ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE	☐ DELETE		5. 1 TITLE			☐ Cha	nge 🔲 Addition
NAME CIRCLI ADORESS			5.2 NAME				
STREET ADORESS			5.3 STREET ADDRESS				
CITY - S1 - ZIP TITLE	T) DELETE		5 4 CITY - ST - ZIP			Cha	nge 🔲 Addition
NAME	L) butte		6 1 TITLE 62 NAME			[] Cila	JAC T WOOTINII
STREET ADDRESS			6.3 STREET A	LODRESS			
CITY-ST-ZIP			6.4 CITY-ST	· · · · · · · · · · · · · · · · · · ·			
	certify that the information supplie	d with this filing is voluntarily furnished			or the exemption stated in Section 119.0	7/31/k) Florido S	tatutes I further

root indexty definity that the information supplied with this tiling 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 prector 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 not if changed, or on an attachment withful address.

SIGNATURE: X

JANES V WALKER 1-18-96 941-371-4807
DIRECTOR
Description