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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000011627 (3) **DOCUMENT #**

1. Corporation Name

BEN JACKSON NEW ENGLAND GOLF ACADEMY, INC.

Principa	al Place o	of B	usiness
8795	LATEEN	LN	#104

Mailing Address

8795 LATEEN LN #104



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required S5.00 May Be	FT MYERS FL	. 33919			FT MYERS FL 3391	9						
27 STOCH CHARGIOUS D.C. 28 SUR, AD F. H. etc. 29 SUR, AD F. H. etc. 20 SUR, AD F. H. etc. 21 F. H. W. V.S., F.L. 20 SUR, AD F. H. etc. 21 F. H. W. V.S., F.L. 22 SUR, AD F. H. etc. 21 F. H. W. V.S., F.L. 22 SUR, AD F. H. etc. 23 F. H. W. V.S., F.L. 24 B B B B B B B B B B B B B B B B B B B									3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1995			
Side, Apt. #, etc. 22 27 27 29 29 29 20 29 20 29 20 20 20 20 20 20 20 20 20 20 20 20 20						A						
22 27 51 1 29 20 20 20 20 20 20 20			ad	idusor	26 8750- N	26 8750-11 Gradidus Dr.			65-0566096 Not Applicable			
City & State 28					L	Suite, Apt. #, etc.			i a. Certificate di Status Desireu I i			
24 3 390 8 28 U.S.A 29 30 U.S.A Florida Statutes Ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10.		City & State			City & State	City & State			40.00 ma) be			
CARBIENER, CHARLES F JR 5245 BIG PINE WAY SUITE 103 FT MYERS FL 33907 81 82 82 84 82 84 84 85 85 85 86	24 333908	γ Σ	├ ─┐ ¨	wuntry U.S.A.	⊢ '	- ⊢						
CARBIENER, CHARLES F JR 5245 BIG PINE WAY SUITE 103 FT MYERS FL 33907 80 81 81 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 81 81 82 Street Address (P.O. Box Number is Not Acceptable) 84 83 84 City FL 85 85 86 86 City FL 85 87 86 City FL 85 87 86 City FL 85 87 87 88 87 89 88 89 89 89 89 89 89 89 89 89 89 89	, - , - ,		and a	Address of Curre	nt Registered Agent	1 1			10. Name and Address of New Registered Agent			
SUITE 103 FT MYERS FL 33907 82 Street Address (P.D. Box Number is Not Acceptable) 83 84 City FL 85 Street Address (P.D. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.D. Box Number is Not Acceptable) 85 87 87 88 88 88 88 88 88 88 88 88 88 88		_					81	Name				
SUBJECT 103 FT MYERS FL 33907 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 are registered agent. I similar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment are registered agent. I similar throughout the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE JACKSON, BEN E JACKSON, BEN E	· ·						82	Street Ad	drivess (P.O. Box Number is Not Acceptable)			
### City ### FL 85 Zp 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 farming with, and accept the obligations of, Section 607.0505, Florida Statutes. ### Signature Typed or pratid name of registered agent and the if a release. ### Signature Typed or pratid name of registered agent and the if a release. ### Signature Typed or pratid name of registered agent and the if a release. ### Signature Typed or pratid name of registered agent and the if a release. ### Signature Typed or pratid name of registered agent and the if a release. ### Signature Typed or pratid name of registered agent and the if a release. ### Signature Typed or pratid name of registered agent and the if a release. ### DIACKSON, BEN E ### DIACKSON, BEN E ### DIACKSON, BEN E ### Signature Typed or pratid name of registered agent and the if a release. ### DIACKSON, BEN E ### DIACKSON, BEN E ### Signature Typed or pratid name of registered agent and the if a release. ### DIACKSON, BEN E ### DIACKSON, BEN E ### Signature Typed or pratid name of registered agent and the if a release. ### DIACKSON, BEN E ### Signature Typed or pratid name of registered agent. I am in the provision's board of directors. I hereby accept the appointment as registered agent. I am in the provision's board of directors. I hereby accept the appointment as registered agent. I am in the provision's board of directors. I hereby accept the appointment as registered agent. I am in the provision's board of directors. I hereby accept the appointment as registered agent. I am in the provision's board of directors. I hereby accept the appointment as registered agent. I am in the provision's board of directors. I have registered agent. I am in the			AY				Street Address (1.0). Dox (torribor is Not Acceptable)					
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 Symutric hydrod or pritied name of registered agent and title it syrkcative. PNOTE: Registered Agent signature recovered when reinstating! DO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MAKE STREET ADDRESS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MAKE STREET ADDRESS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MAKE 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 12 14. MAKE 13. STREET ADDRESS 14. CITY - S1-2P 14. MAYE 13. STREET ADDRESS 14. CITY - S1-2P 14. MAYE 15. TITLE 16. Change Addition 16. Change Addition 17. S1-2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 10.							83					
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 this 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 SIGNATURE SUBJECT System or prelied name of registered agent and this if agricable. POTE Registered Agent signature required when retreating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE JACKSON, BEN E 9795 LATEEN LN #104 FT MYERS FL 33919 DELETE 1 1 TITLE 1 2 NAME 9795 LATEEN LN #104 FT MYERS FL 33919 DELETE 1 1 TITLE 2 2 NAME 2 3 SIRRET ADDRESS DIY-SI-ZP TITLE DELETE 3 1 TITLE 3 3 STREET ADDRESS DIY-SI-ZP TITLE DELETE 4 1 TITLE 4 1 TITLE AMME 4 SIRRET ADDRESS CIY-SI-ZP TITLE AMME 4 SIRRET ADDRESS CIY-SI-ZP TITLE AMME 4 SIRRET ADDRESS CIY-SI-ZP TITLE DELETE 5 1 TITLE AMME 4 SIRRET ADDRESS CIY-SI-ZP TITLE DELETE 5 1 TITLE Change Addition Addition Addition AMME ASSIRET ADDRESS CIY-SI-ZP TITLE Change Addition Addition AMME ASSIRET ADDRESS CIY-SI-ZP TITLE Change Addition Addition AMME ASSIRET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition Addition Addition AMME ASSIRET ADDRESS CIY-SI-ZP TITLE Change Addition Addition Addition AMME ASSIRET ADDRESS CIY-SI-ZP TITLE Change Addition Addition Change A	F! MYEH	IS FL 339	907				84	City	FI 85 Zip Code			
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 Synutre typed or printed name of registered agent and late if a relaxable. NOTE Registered Agont signature required when refractating. DATE 12.	11. Pursuant to	the provis	ions ol	Sections 607.050	2 and 607.1508. Florida Stat	tutes, the	above-	named coro				
DATE	or registere	ed agent, or	r both,	in the State of Flori	ida. Such change was autho	orized by the	he corp	oration's bo	oard of directors. I hereby accept the appointment as registered agent. I am			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME 12. NAME 9795 LATEEN LN #104 FT MYERS FL 33919 TITLE NAME NAME NAME NAME NAME STREET ADDRESS CHY-ST-ZPP THE HUMPHREYS, BARBARA J 8795 LATEEN LN #104 FT MYERS FL 33919 TOTAL NAME NAME STREET ADDRESS CHY-ST-ZPP THE DELETE 1. TITLE 2. NAME 2. NAME 2. NAME 2. STREET ADDRESS 2. ACITY-ST-ZPP THE DELETE 3. STREET ADDRESS CHY-ST-ZPP THE DELETE 4. TITLE 1. T		Signature typed	for printe	d name of registered agen	nt and little if apiplicable.	(NOTE Regist	tered Ago	nt signature requ	urred when reinstaling) DATE			
NAME	12.			OFFICERS AN								
STREET ADDRESS 9795 LATÉEN LN #104 THUE DELETE 33919	TITLE	-	~~~		☐ DELETE	1	. 1 TITLE		Change Addition			
Title	NAME					1	.2 NAME					
DELETE D	STREET ADDRESS					1	3 STREET	ADDRESS	3756-11 Gladiolus Dr.			
NAME	CHY-ST-ZIP		EKS F	L 33919		1	.4 CITY- S	31-ZIP	F+ Myers FL 33908			
STREET ADDRESS STRE	T!TLE	_	10.E.		☐ DELETE	2	1 TITLE		Change Addition			
DELETE DELETE 24 CITY-ST-ZIP Change Addition	NAME					2	2 NAME					
DELETE 24 CITY-ST-ZIP Change Addition	STREET ADDRESS					2	.3 STREET					
DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 33. STREET ADDRESS CITY-S1-ZIP 34 CITY-S1-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-S1-ZIP 44 CITY-S1-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME Addition NAME Addition Addition Addition	CHY-ST-ZIP	FIMIL	EH2 I.	L 33919		2	4 CITY-S	ST-ZIP	Ft. Myers FL33908			
STREET ADDRESS	TiTLF				DELETE	3	I. 1 TITLE		Change Addition			
STREET ADDRESS STITILE Change Addition	NAME					3	2 NAME					
TITLE DELETE 4 1 TITLE Change Addition NAME 42 NAME 43 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME Addition Addition	STREET ADDRESS					3	.3. STRÉE	T ADDRESS				
NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 44 CITY - S1 - ZIP TITLE DELETE 5 1 TITLE NAME 52 NAME	+				F71 on and			IT-ZIP				
STREET ADDRESS					☐ DEFELE				Change Addition			
CITY+ST-ZIP 4.4 CITY+ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME												
TITE DELETE 5 1 TITLE Change Addition NAME 52 NAME												
NAME 52 NAME					□ Dr. rvr			ST-ZIP	Fig. A)			
									Unange Addition			
STREET ADDRESS ↑												
CITY-ST-ZIP				···	☐ nei ete			17 - ZIP	Chase Addiso			
									L Charige Adortion			
NAME 62 NAME												
STREET ADDRESS 63 STREET ADDRESS												
CITY-ST-ZIP 64 CITY-ST-ZIP 64 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	t the in	formation supplied	with this filing is voluntarily for				v for the exemption stated in Section 119.07/3/kk. 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.

Barbare Humphreys 4:20-96 800-790-6342