

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000044202 (6)

1. Corporation Name

STONE GOLF RESEARCH, INC.



Principal Place of Business

46 N WASHINGTON BLVD #1  
SARASOTA FL 34236

Mailing Address

46 N WASHINGTON BLVD #1  
SARASOTA FL 34236

2. Principal Place of Business

21 2 N. TAMiami TRAIL

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

SARASOTA FL

24 Zip 34236

25 Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

N/A

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

PETERSON, JOHN

46 N WASHINGTON BLVD #1  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

PATTERSON, JOHN

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

83

84 City

FL

85 Zip 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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 PATTERSON, JOHN  
STREET ADDRESS 46 N WASHINGTON BLVD #1  
CITY-ST-ZIP SARASOTA FL 34236 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE P,D  
2.2 NAME PETRIK, GERD  
2.3 STREET ADDRESS 2 N. TAMiami TRAIL #312  
2.4 CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition

3.1 TITLE D,T  
3.2 NAME GEBHARD, H. DIETER  
3.3 STREET ADDRESS 2 N. TAMiami TRAIL #312  
3.4 CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition

4.1 TITLE VP,S  
4.2 NAME GEBHARD, LINDA  
4.3 STREET ADDRESS 2 N. TAMiami TRAIL #312  
4.4 CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Linda Gebhard 2/21/96

(941)

364-9609

Date

Daytime Phone #

CR2E034 (12/95)