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

PROFIT CORPORATION ANNUAL REPORT 1999°

STONE GOLF, INC.

TITLE

NAME

STREET ADDRESS



DOCUMENT # P95000044202

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90046 033 ***150.00



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Principal Place	e of Business	Mailing Address		•		. •	
635 \$ ORANGE AVE 635 \$ ORANGE AVE						. •	
#10 SUITE 10				DO NOT WRITE IN THIS SPACE			
SARASOTA FL 34236 SARASOTA FL 34236 US					3. Date Incorporated or Qualifed	· -	
US		00			06/07/1995		
6 5	- A Division	2a. Mailing Address			4. FEI Number	App	lied For
_	lace of Business	 			65-0645212	<u> </u>	Applicable
21		Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt.	#, etc.	—			5. Certifcate of Status Desired	Fee Rec	
22		City & State			6. Election Campaign Financing	\$5.00 N	May Ro
City & Stat	e				Trust Fund Contribution	Added to	- 1
23	Country	Zip	Country	, .	8. This corporation owes the current year I		
Zip			30		Personal Property Tax.		□no l
24[9. Name and Address of Curre	29	30		10. Name and Address of New Registere	d Agent	
		A 19 A 19 A	81	Name		-	
DET	ERSON, JOHN	the state of the s					
STO 46 N WASHINGTON BLVD #1 SARASOTA FL 34236			82 Street Ad		ress (P.O. Box Number is Not Acceptable)	٠.	
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			83				
			84	City	The state of the s	85 Zip C	ode
- 10 to 10 t				<u> </u>	_____________		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the abov	e-named com	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changing its i	registered
SAB agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes	S.	ions board of directions. Thereby design and app		´
US		,					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	Registered Age	nt signature require	ed when reinstating) (1) 3-31 DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		er of the	Change	☐ Addition
NAME	PETRIK, GERD		1.2 NAME	ļ	·		
STREET ADDRESS			1.3 STREE	TADORESS	•		
City-St-ZIP	SARASOTA FL 34236		1,4 CITY-5	I			
TITLE	DT		1.4 CITT-3	ST-ZIP			
NAME	GEBHARD, DIETER H	☐ DELETE	2.1 TITLE	ST-ZIP		☐ Change	Addition
	ALT O OBANOT AUE #40	DELETE	_			☐ Change	Addition
STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME			☐ Change	Addition
CITY-ST-ZIP	1	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE	. ET ADDRESS		☐ Change	Addition
IIIILE	SARASOTA FL 34236		2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	. ET ADDRESS		☐ Change	Addition
r.c.y	SARASOTA FL 34236 - VPS	DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	T ADDRESS ST-ZIP			
NAME (1)	SARASOTA FL 34236 LVPS GEBHARD, LINDA O		2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP			
NAME STREET ADDRESS	SARASOTA FL 34236 .VPS GEBHARD, LINDA O 635 S ORANGE AVE., #10		2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS ST-ZIP			
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

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