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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000065839 (9)

1. Corporation Name

PLAYER'S CHOICE GOLF AND SPORTS TOURS, INC.

Principal Place of Business

12801 UNIVERSITY DRIVE SUITE 4
FT MYERS FL 33907

Mailing Address

12801 UNIVERSITY DRIVE SUITE 4
FT MYERS FL 33907-5336

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 6325 Presidential Ct.

2a. Mailing Address

26 P.O. Box 07310

Suite, Apt. #, etc.

22 Suite 4

Suite, Apt. #, etc.

27

City & State

23 Ft Myers, FL

City & State

28 Ft Myers, FL

Zip

24 33919

Country

25 USA

Zip

29 33919

Country

30 USA

4. FEI Number

65-0602471

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

RUNYON, THOMAS G
12801 UNIVERSITY DRIVE SUITE 4
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Thomas G. Runyon

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

6325 Presidential Ct.

83

Suite 4

84 City

Ft Myers

FL

85 Zip Code

33919

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-97

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RUNYON, THOMAS G
STREET ADDRESS 12801 UNIVERSITY DRIVE SUITE 4
CITY-ST-ZIP FT MYERS FL 33907

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES.
1.2 NAME THOMAS G. RUNYON
1.3 STREET ADDRESS 6325 Presidential Ct. Ste 4
1.4 CITY-ST-ZIP Ft Myers, FL 33919

☒ Change ☐ Addition

2.1 TITLE V.P.
2.2 NAME SHARON V. SKELLY
2.3 STREET ADDRESS 6325 Presidential Ct. Ste 4
2.4 CITY-ST-ZIP Ft Myers, FL 33919

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97 (941) 454-5600

Date Daytime Phone #

CR2E034 (9/96)