

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

FILED

Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000067306
1. Corporation Name

Golfair Industrial Inc.

Principal Place of Business Mailing Address
2822 Circle Ridge Dr.
Orange Park, FL 32065

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 2822 Circle Ridge Dr.	8/31/95	
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Zip	28 Orange Park, FL	59-3363843	Not Applicable
24 Country	29 32065	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Clay		
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

James D. Williams
2822 Circle Ridge Dr.
Orange Park, FL 32065

10. Name and Address of New Registered Agent

81 Name James D. Williams
82 Street Address (P.O. Box Number is Not Acceptable)
2822 Circle Ridge Dr.
83
84 City Orange Park FL 85 Zip Code 32065

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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	
NAME	James D. Williams	1.2 NAME	
STREET ADDRESS	2822 Circle Ridge Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orange Park, FL 32065	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	
NAME	James B. Williams	2.2 NAME	
STREET ADDRESS	9820 Creekfront #404	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32256	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E034 (9/96)