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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000074854 (7)**
1. Corporation Name
CHAMPIONSHIP GOLF SERVICES AND SUPPLY, INC.



Principal Place of Business

Mailing Address

**7508 NW 40TH PL
CORAL SPRINGS FL 33065**

**7508 NW 40TH PL
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

21 **8526 PINTO DR.**

26 **8526 PINTO DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 **LAKE WORTH FLA.**

28 **LAKE WORTH FLA.**

24 **33467**

Country

29 **33467**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADKINS, JAMES P
7508 NW 40TH PL
CORAL SPRINGS FL 33065**

81 Name **ADKINS, JAMES P.**
82 Street Address (P.O. Box Number is Not Acceptable)
8526 PINTO DRIVE
83
84 City **LAKE WORTH** FL 85 Zip Code **33467**

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

James P. Adkins

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/98**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ADKINS, JAMES P**
STREET ADDRESS **7508 N.W. 40TH PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

James P. Adkins

4/24/98

432-9742

CP2E034 (10/97)