

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

FILED

Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT #

1. Corporation Name
OFF Course, Inc.
dba Spanky's Pub

P96000001822

Principal Place of Business

131 N. Banana River Dr.
Merritt Island, FL
32952

Mailing Address

P.O. Box 551
Cape Canaveral, FL
32920

2. Principal Place of Business

21 131 N. Banana River Dr.
Suite, Apt #, etc

22 City & State

23 Merritt Island, FL

24 Zip 32952

25 Country USA

2a. Mailing Address

26 P.O. Box 551
Suite, Apt #, etc

27 City & State

28 Cape Canaveral, FL

29 Zip 32920

30 Country USA

3. Date Incorporated or Qualified
010996

3a. Date of Last Report
N.A.

4. FEI Number

59-3352082

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

Alan K. Bunting

~~P.O. Box 551~~ 114 SUNSET DRIVE
~~Cape Canaveral, FL 32920~~
COCOA BEACH, FL 32931

10. Name and Address of New Registered Agent

81 Name

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 for 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

Alan K. Bunting

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

(NOTE: Registered Agent signature required when reinstating)

4/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ~~Alan K. Bunting, Pres./Treas.~~
STREET ADDRESS ~~P.O. Box 551~~
CITY-ST-ZIP ~~Cape Canaveral, FL 32920~~

TITLE ☐ DELETE
NAME Louis C. Grimmnitz, VP/Secretary
STREET ADDRESS 165 Artemis Blvd.
CITY-ST-ZIP Merritt Island, FL 32953

TITLE ☐ DELETE
NAME ALAN K. BUNTING, PRES./TREAS.
STREET ADDRESS 114 SUNSET DRIVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: X

Alan K. Bunting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

DATE

Daytime Phone #

407-783-0203

CR2E034 (9/96)