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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600036118 (3)

ONE UP GOLF OF SARASOTA, INC. Principal Place of Business Mailing Address 4014 S TAMIAMI TR 8405 SUNSTATE ST US HWY 41 TAMPA LF 33634 DO NOT WRITE IN THIS SPACE SARASOTA FL 34231 3. Date Incorporated or Qualified 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3380096 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation owes or has paid the current year Intangible Yes 24 25 29 No. Personal Property Tax due June 30. 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Flegistered Agent 81 Name MILLS, FREDERICK J ESQUIRE 1200 WEST PLATT STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 **TAMPA FL 33606** 84 City 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or ponte I name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PD TITLE 1.1 TITLE Change Addition **SELLERS.** KENNETH L NAME 1.2 NAME 16709 WINDSOR PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-ZIF 1.4 CITY - ST- ZIP DELETE TITLE ☐ Change Addition 2.1 TITLE **SELLERS, NANCY V** NAME 2.2 NAME 16709 WINDSOR PARK DRIVE STREET ADDRESS 2.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 2. 4 CITY-S1-ZIP TITLE ■ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 41 THLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE ☐ Addition 6.1 TITLE NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - 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.