

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087392 (2)

1. Corporation Name

TOUR GREENS BY KENNY KNOX, INC.

Principal Place of Business

**800 WEST MADISON STREET
TALLAHASSEE FL 32304**

Mailing Address

**800 WEST MADISON STREET
TALLAHASSEE FL 32304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1996	
21 2111 Gilliam Rd	26 2111 Gilliam Rd	4. FEI Number 59-3410082		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	27 Tallahassee	6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State	City & State	7. Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year intangible	
23 Tallahassee, FL	28 Tallahassee, FL	Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Zip				
24 32308	29 32308				
Country	Country				
25 US	30 US				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KNOX, KENNY 800 WEST MADISON STREET TALLAHASSEE FL 32304				81 Name Kenny Knox	
				82 Street Address (P.O. Box Number is Not Acceptable) 2111 Gilliam Rd.	
				83	
				84 City Tallahassee FL 85 Zip Code 32308	

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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, KENNY	1.2 NAME	Kenny Knox
STREET ADDRESS	800 WEST MADISON STREET	1.3 STREET ADDRESS	2111 Gilliam Rd
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, JAMES A	2.2 NAME	Bob Rush
STREET ADDRESS	800 WEST MADISON STREET	2.3 STREET ADDRESS	2111 Gilliam Rd
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Karen Knox
STREET ADDRESS		3.3 STREET ADDRESS	2111 Gilliam Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Kenny Knox 1-9-98 850 422 1919

CR2E034 (10/97)