

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000088039 (8)

1. Corporation Name

GOLFING FAMILY, INC.



Principal Place of Business

1800 SECOND STREET  
SUITE 854  
SARASOTA FL 34238

Mailing Address

1800 SECOND STREET  
SUITE 854  
SARASOTA FL 34236-5907

2. Principal Place of Business

21 4820 South TAMiami TRAIL  
Suite, Apt. #, etc.

City & State

23 SARASOTA, Florida  
Zip Country

24 34231

25 SARASOTA

2a. Mailing Address

26 4820 South TAMiami TRAIL  
Suite, Apt. #, etc.

City & State

28 SARASOTA, Florida  
Zip Country

29 34231

30 SARASOTA

3. Date Incorporated or Qualified

10/24/1996

3a. Date of Last Report

4. FEI Number

65-0714808

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

UCC FILING & SEARCH SERVICES, INC.  
528 EAST PARK AVE.  
STE. 200  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

SCOTT E MONTGOMERY

82 Street Address (P.O. Box Number is Not Acceptable)

4820 South TAMiami TRAIL

83

84 City

SARASOTA

FL

85 Zip Code  
34231

11. Pursuant to the provisions of Sections 607.0505 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 *Scott E Montgomery*  
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-12-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MONTGOMERY, SCOTT E  
STREET ADDRESS 1800 SECOND STREET, SUITE 854  
CITY-ST-ZIP SARASOTA FL 34238

TITLE VST ☐ DELETE

NAME MONTGOMERY, KIMBERLY E  
STREET ADDRESS 1800 SECOND STREET, SUITE 854  
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4820 South TAMiami TRAIL  
1.4 CITY-ST-ZIP SARASOTA, FL 34231

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VST D  
2.3 STREET ADDRESS 4820 South TAMiami TRAIL  
2.4 CITY-ST-ZIP SARASOTA, FL 34231

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 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; and that I am not a trustee, executor, administrator, or assignee of the estate of the corporation. I 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

BY: *Scott E Montgomery*

(941) 925 4005

CR2E034 (9/96)