FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FILED FLORIDA DEPARTMENT OF STATE .CORPORATION Sandra B. Mořtham Jun 11 1998 8:00am ANNUAL REPORT Secretary of State 1998 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # DOCTORY () () The Estuary Golf Club . Inc. Principal Place of Business Mailing Address PO. B.x 439 Rnish, Fc 3429 P.O. Box 439 DO NOT WRITE IN THIS SPACE Parrish, FL 34219 3. Date Incorporated or Qualified 3a. Date of Last Report 1/8/97 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3436325 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City 8 State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under S. 199 032, Florida Statutes DYes D No Country 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Homer Cablish CPA 4301 3200 A. W. D.S Street Address (P.O. Box Number is Not Acceptable) Brodenton E 34205 83 85 Zip Code 84 City 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 changit was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, flam accept the obligations of, Section 607 0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE President William C. Robinson 1 1 files NAME 1.2 NAME 6620 Riverview Blud. 13 STREET ADDRESS STREET ADDRESS Brodenton, Ft 34209 CITY - ST - ZIP 14 CITY -ST- ZIP TITLE Change 2 1 1ITLE Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TILE 3 1 THLE Change Addition NAME 3 2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1- ZIP TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY ST-ZIP TITLE 61 liftE **4000**0025503**5** -06/12/98-01053-030 NAME 6 2 NAME STREET ADDRESS 63 STREET ADDRESS ***150.00 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 of qualified enjoyeered 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 anyladdress? SIGNATURE: