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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700002503 (5)

AMERICAN GAS AND ELECTRIC GOLF CART, INC.

## FILED Jun 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2788 HIGHWAY 710 2768 HIGHWAY 710 OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 <u>65-0735</u>899 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TYLER JAMES N 81 Name 301 PARROT AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) OKEEOHOBEE FL 34973 ₿3 City 84 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, 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 Signifure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Director TYLER. JAMES N NAME 1.2 NAME Scott Alcock 1706 SW 2nd Avenue **501** N. PARROT AVENUE STREET ADDRESS 1.3 STREET ADDRESS **ÖKEECHOBEE FL 34973** CITY-ST-ZIP 1.4 CITY-ST-ZIP Okeechobee, FL. 34974 DELETE TITLE Change 2.1 TIB F Addition Director NAME Douglas Cowhy 2768 Hwy. 70 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Okeechobee, F1. 34974 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITEF 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 41 TITLE 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-7P 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE ☐ Addition NAME 6.2 NAME \*\*\*150,00 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 and of receiver in the compounded 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