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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032071 (7)

PENSACOLA GOLF PROS. INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



4861 CREIGHTON ROAD 4961 CREIGHTON ROAD PENSACOLA FL 32504 PENSACOLA FL 32504 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 7143-B NORTH 9th AUG 21 26 59-3440764 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State PGNSACOLA City & State \$5.00 May Be 6. Election Campaign Financing 23 П Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible ESCAMDIA 32504 24 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FOUNTAIN, KENNETH R P.A. ENNETH K 126 N.E. EGLIN PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 NAVA KKE 83 32566 NAVARRE 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 optigations of, Section 607.0505, Florida Statutes. SIGNATURE (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 Addition R MOVEMW JR. NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS City-St-7iP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITL F 3.1 TITLE ☐ Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TIFLE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 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.

2.29.50 (OCD) 475 0K

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