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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

DITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

Jun 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039963 (8)

LEGACY GOLF PROMOTIONS, INC.

Principal Place of Business Mailing Address 228 WEST NEW YORK AVE 228 WEST NEW YORK AVE DELAND FL 32720 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. [] No l Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHIERLING, GEORGE E 228 WEST NEW YORK AVE 82 Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32720** 83 84 City Zip Code 85 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. Floreby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO3) Fregistered Agent signature required when reinstating) Typed or printed name of real steres age: Cand the if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 🔲 DELFTE Addition 1.1 TITLE NAME 1.2 NAME Burton, Kelly D. 9401 Roberts Drive 200 STREET ADDRESS 1.3 STREET ADDRESS Atlanta, GA CITY-ST-7P 1.4 CITY - \$1-7IP 🔲 picterie TITLE 2.1 THE ☐ Change Addition NAME 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS City-St-ZIP 2.4 CITY-ST-ZIP 🔲 DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP 🔲 DELLTE THUE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST - 7IP TITLE DELFIE 5 1 10UF NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 54 CITY-ST-ZIP Change DELETE TITLE 6.1 TiTLE Addition

6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this anomal 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 13 if changes or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME

BODDO25638

***150.00

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