

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000081812 (4)**

1. Corporation Name
C. L. GOLF, INC.



Principal Place of Business
**2199 ASTOR ST #202
ORANGE PARK FL 32073**

Mailing Address
**2199 ASTOR ST #202
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/19/1997

2. Principal Place of Business
21 **1628 Linkside Dr. W**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1628 Linkside Dr. W**
Suite, Apt. #, etc.

4. FEI Number
59 346 7398
Applied For
Not Applicable

22
City & State
23 **Atlantic Beach, FL**

27
City & State
28 **Atlantic Beach, FL**

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

24 **32233** Country

29 **32233** Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GUILD, ROBERT B
436 JACKSONVILLE DR
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAULERSON, CHARLES R JR.	
STREET ADDRESS	2199 ASTOR ST #202	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Raulerson, Charles R Jr	
STREET ADDRESS	1628 Linkside Dr. W	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raulerson, Charles R, Jr	
1.3 STREET ADDRESS	1628 Linkside Dr W	
1.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
2.1 TITLE	Vice President - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raulerson, Liza L	
2.3 STREET ADDRESS	1628 Linkside Dr W	
2.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David DeKuyper	
3.3 STREET ADDRESS	4104 W. Good Hope Rd	
3.4 CITY-ST-ZIP	Milwaukee, WI 53209	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David DeKuyper	
4.3 STREET ADDRESS	4104 W. Good Hope Rd	
4.4 CITY-ST-ZIP	Milwaukee, WI 53209	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **C. Raulerson Jr.**

7/20/98 904 24/9092

CR2E034 (5/98)