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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093639 (7)

FILED Mar 13 1998 8:00am Secretary of State

GRCHAN GOLF INC.							
				1111	<u>inder ale abum heers affikk eenka e</u> t	)))	A ANNO ARAN ARAN
Dringing Non	and Division	Mailing Address					Í 11117 (EN 147)
Principal Plac							
951 RIVERE RD. 951 RIVERE RD. PALM HARBOR FL 34683 PALM HARBOR FL 34683							
				DO NOT WRITE IN THIS SPACE			
					ncorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	10/3 4. FELNI	1/1997 Imber		Applied For
21 5312	Little Rd.	26 95) Rivier	re	59	-3482616	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.7	5 Additional
22		27		5. Certific	cate of Status Desired	Fee	Required
City & Stat		City & State	. 67		n Campaign Financing		00 May Be
Zip	Port Richey FL Country	28 Palm Har	Country FL		und Contribution		ed to Fees
	34655 25 US A	ten auraa t	A 2U		orporation owes or has paral Property Tax due June		Intangible □ No
2	g. Name and Address of Current				and Address of New Re		
GRCHAN, JACQUELINE F 81 Name							
	I RIMERE RD.	82 Street A	Address (P.O. Box	Number Is Not Accepta	ble)		
PALM HARBOR FL 34683							
			83				
			84 City	···		FL 85 Z	ip Code
44 Durewant	to the provisions of Sections 607 0602	and 607 1608 Florida Statutos	the phove pamed	nornoration cubm	its this statement for the		a its registered
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.							
	m familiar with, and accept the oblight	ions of, Section 607.0505, Flori	da Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable (NOTE:	Registered Agent signature r	required when reinstating	9)	DATE	
12.	OFFICERS AND		13.	ADDITIO	ONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			DXI Chang	ge 🔲 Addition
NAME	GRCHAN, JOSEPH E JR.		1.2 NAME		iona Rd		
STREET ADDRESS	951 RIVERE RD.		1.3 STREET ADDRESS	951 Riv	riere Rd.		Įi
CITY-ST-ZIP TITLE	PALM HARBOR FL 34683	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Chang	e Addition
NAME	GRCHAN, JACQUELINE F	- better	2.2 NAME			Egr Onling	- Linear I
STREET ADDRESS	951 RIVERE RD.		2.3 STREET ADDRESS	951 R)	viere Rd.		ł
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP	,,,			. j
TITLE		DELETE	3.1 TITLE			Chang	e Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				ļ
CITY - ST - ZIP			3 4. CITY-ST-ZIP			7000	
TITLE		DELETE	4.1 TITLE			L Chang	e L Addition
NAME CTOTET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-2IP			4.4 CITY+ST-ZIP				İ
TITLE		DELETE	5.1 TITLE			☐ Chang	e Addition
NAME		•	5.2 NAME			_ •	İ
STREET ADDRESS			5 3 STREET ADDRESS				ł
CITY+ST-ZIP		,,	5.4 CITY-ST-ZIP				
TITLE		DELFTE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	certify that the information supplied with	n this filling done not qualify for	6.4 CITY-ST-ZIP	d in Section 1197	7/3)(i) Florida Statutos	further certify that t	the information
indicated	on this appual ropod or supplied with	appeal record in true and accur	rate and that my sign	atura chall have	the came legal effect on	if made under eath:	that I am an

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 eath; 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: Jacquelike 7. Archa

Jacqueline F. Grchan Becretary 3-9-1

(813)784-6462