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

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS Mar 06 1998 8:00am Secretary of State

DOCUMENT #

1. Corporation Name P97000103230 (3) GOLF & CLUB SERVICES, INC. Principal Place of Business Mailing Address 677 NORTH WASHINGTON BOULEVARD **677 NORTH WASHINGTON BOULEVARD** DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 12/05/1997 2. Principal Place of Business Applied For 3966 BERLIN DRIVE 65-0803483 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be SARASOTA 23 flo2:A Trust Fund Contribution Added to Fees Zιρ Country 8. This corporation owes or has paid the current year Intangible Yes 30 USA Personal Property Tax due June 30. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **ELLIOTT. W E III 677 NORTH WASHINGTON BOULEVARD** Street Address (P.O. Box Number is Not Acceptable) **BOX 81** 83 SARASOTA FL 34236 City S MR Aso to Zip Code 34233 84 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE NAME 1.2 NAME ELLiat, REDECCA W. 39668EZIN DRIVE SARASOTA, FL34233 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME 3.8 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-2IP DELETE Addition Change TITLE 4.1 TITLE 4 2 NAME MAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE 52 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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:

W.S. 505,0

Director for the Conson

2/12/98

FILED

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