


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90217 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000021515

1. Corporation Name

GOLF CARTS BY LEGEND, INC.

Principal Place of Business

14535 SE HIGHWAY
SUMMERVILLE FL 34491

Mailing Address

14535 SE HIGHWAY
SUMMERVILLE FL 34491

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/06/1998

4. FEI Number

59-3503340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 17860 SE 109TH AVE.

Suite, Apt. #, etc.

22 UNIT 603

City & State

23 Summerfield, FL

Zip Country

24 34491

25 MARION

2a. Mailing Address

26 17860 SE 109TH AVE.

Suite, Apt. #, etc.

27 UNIT 603

City & State

28 Summerfield, FL

Zip Country

29 34491

30 MARION

9. Name and Address of Current Registered Agent

BEAKES, O C
836 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name BILL DONALD

82 Street Address (P.O. Box Number is Not Acceptable)

83 17860 SE 109TH AVE UNIT 603

84

85 City Summerfield FL FL Zip Code 34491

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 Bill Donald

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

(NOTE: Registered Agent signature required when reinstating)

5/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	METZLER, LORNA	
STREET ADDRESS	C/O 14535 SE HIGHWAY	
CITY-ST-ZIP	SUMMERVILLE FL 34491	

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
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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 Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BILL DONALD
1.3 STREET ADDRESS	17860 SE 109TH AVE UNIT 603
1.4 CITY-ST-ZIP	SUMMERFIELD FL 34491

2.1 TITLE Sec Tre	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILL DONALD
2.3 STREET ADDRESS	17860 SE 109TH AVE UNIT 603
2.4 CITY-ST-ZIP	SUMMERFIELD FL 34491

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Bill Donald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

352-307-1215

Daytime Phone #

CR2E034 (11/98)