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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90271 012 \*\*\*150.00

DOCUMENT	#	P98000036685

1. Corporation Name FALCON GOLF INCORPORATED Principal Place of Business Mailing Address 30-HARDEE STREET 30 HARDEE STREET LABELLE FL 30905 LABELLE-FL-33935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/22/1998 4 FFI Number Applied For 2a. Mailing Address 2. Principal Place of Business 350 Homestead South 65-0839509 South Not Applicable 350 Homester 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL Added to Fees Trust Fund Contribution Lchiah 28 Lehiah Country 8. This corporation owes the current year Intangible Country Zip 33936 Lee 33936 Personal Property Tax. صيا 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Hedlund George HENDRY: JOHN E Street Address (P.O. Box Number is Not Acceptable), 350 Homestra South 82 30-HARDEE-STREET LABELLE FL 33935 83 Zip Code 3393( 84 City Lehigh 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 Gange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with accept the obligations of, Section 607.0505, Florida Statutes. Hedlund SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1.1 TITLE TITLE George Hedlund 350 Homestead HENDRY, JOHN E 1.2 NAME NAME 30 HARDEE STREET 13 STREET ADDRESS STREET ADDRESS 33936 LABELLE FL 33935 1.4 CITY-ST-ZIF CITY-ST-ZIP Addition Change ☐ DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DFLETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

□ DELETE

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lland 3

941-369-8216

☐ Change

Change

Change

Daytime Phone

CR2E034 (11/98)

Addition

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