FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

3-7-95 B-1994 C

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -8 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S95295 (9)

1. Corporation Name

GOLFORMS, INC.

Principal Place of Business:
4601 S ATLANTIC AVE, STE 108
PONCE INLET FL 32127
US

Mailing Address:
4601 S ATLANTIC AVE, STE 108
PONCE INLET FL 32127
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1010 John Anderson Drive
Suite, Apt. #, etc.
22
City & State
23 Ormond Beach, FL
Zip: 24 32176 Country: 25 USA

2a. Mailing Address
26 1010 John Anderson Drive
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach, FL
Zip: 29 32176 Country: 30 USA

3. Date Incorporated or Qualified: 11/15/1991
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-3092327 ☐ 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 Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150-A S PALMETTO AVE
DAYTONA BEACH FL 32114

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	[X] Change ☐ Addition
NAME	CONNOR, EDWARD H., III	1.2 NAME	
STREET ADDRESS	4601 S ATLANTIC AVE #108	1.3 STREET ADDRESS	1010 John Anderson Drive
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	Ormond Beach FL 32176
TITLE	DST	2.1 TITLE	[X] Change ☐ Addition
NAME	LAWLER, PAMELA A.	2.2 NAME	
STREET ADDRESS	4601 S ATLANTIC AVE #108	2.3 STREET ADDRESS	1010 John Anderson Drive
CITY-ST-ZIP	PONCE INLET FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward H. Connor, III

28 Feb 95 Date (904) 441-0681 Daytime Phone #

0000754 CP