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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13397

1. Corporation Name

HOLMES GOLF, INC. A CONTRACTOR

Principal Place	e of Business	Mailing Address						
3936 S. SEMOI	RAN BLVD.	3936 S. SEMORAN BLVD.				. 1		
SUITE 244		SUITE 244						
ORLANDO FL	32822	ORLANDO FL 32822			DO NOT WRITE IN THIS S	SPACE.		,
					3. Date Incorporated or Qualifed			
	•				02/19/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	plied For	
21		26			59-3104168	Not	t Applicable	12
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional	1
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	re .	City & State			6. Election Campaign Financing	\$5.00	May Re	1
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year Intar			1
	_ `	29	30	•••	Personal Property Tax.		□No	ľ
24	9. Name and Address of Current		[30]		10. Name and Address of New Registered A			ł
	9. Name and Address of Current	Kedistalan Maiir		B1 Name	10. Haine and Address of their Registered A	90		1
HOI	MES, SIMON A.		ľ	7400	4. ¹ 4	3.5		
	D EXETER COURT		1	32 Street Add	ress (P.O. Box Number is Not Acceptable)	·· :}•		
ORLANDO FL 32812					***************************************		. 17. y 47. y 27.	ļ
UKL	ANDU FL 32812			B3	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>	B4 City	- 1 (1) (1) (1) (1) (1) (1) (1) (85 Zip C	ode	ł
	v. ·				FL			İ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ove-named corp	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hanging its	registered	1
office or r	registered agent, or both, in the State of	of Florida. Such change was a	authorized	by the corporati	on's board of directors. I hereby accept the appoint	ment as reg	gistered	1
ુ∌.agentiia	im familiar with, and accept the obligati	ions of;;Section 607.0505; FR	niua Statui	.63.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	E: Dogietared A	gent signature require	ed when reinstating) DATE			_ ا
12.	OFFICERS ANI		13.	90	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	8
TITLE	P	DELETE	1,1 TITL	E	***	Change	☐ Addition	:
NAME ,	HOLMES, SIMON A	_	1.2 NAM		and the state of t	1:		``
	3480 EXETER COURT		1.2 (4/10)					2
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		☐ DELETE	1.4 CIT	/-ST-ZIP E	to the state of th		Addition	1000
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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 deceived 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, of our and tractionent with an address, with all other like empowered.

SIGNATURE: 2

SANDING RE RST NO NR MOLNES
ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

10JAN99 407-275-8793