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

FILED PROFIT Apr 07 1998 8:00am LUORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # RRT GOLF ENTERPRISES, INC. Mailing Address Principal Place of Business 547 GAINSBORO STREET 547 GAINSBORO STREET **DELTONA FL 32725 DELTONA FL 32725** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1992 2a. Mailing Address 2. Principal Place of Business Applied For 59-3108166 Not Applicable 21 Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLOYD, BRUCE W 840 W NEW YORK AVE **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE A вз **DELAND FL 32721 64** City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PTSD DELETE Change Addition 1.1 TITLE TITLE TIMM, RICK 1.2 NAME NAME 547 GAINSBORD ST. 1.3 STREET ADDRESS STREET ADDRESS **DELTONA FL** CITY-ST-ZIP 1.4 CITY - \$T - ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 3.1 T(TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP Addition

DELETE

TITLE NAME

STREET ADDRESS

SIGNATURE:

6.1 TITLE

62 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. I horeby 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 or production with an address.

Rick Timm

Change