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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V24894

(0)

1. Corporation Name

BACK NINE AND ASSOCIATES, INC.

Principal Place of Business

2461 SOUTH HIAWASSEE ROAD
ORLANDO FL 32811

Mailing Address

2461 SOUTH HIAWASSEE ROAD
ORLANDO FL 32835-6347



3. Date Incorporated or Qualified
03/30/1992

3a. Date of Last Report
02/13/1996

4. FEI Number

59-3141815

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, THOMAS P.
200 SOUTH ORANGE AVENUE, SUITE 1220
SUITE 600
ORLANDO FL 32801

81 Name

Michael Neukamm

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

Gray, Harris & Robinson

83

201 E. Pine Street, Suite 1200

84 City

Orlando

FL

85 Zip Code
32801

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: *Michael Neukamm*

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

(NOTE: Registered Agent signature required when reinstating)

2/28/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME CASEY, PATRICK V.
STREET ADDRESS 9308 PALM TREE DRIVE
CITY-ST-ZIP WINDEREMERE FL

1.1 TITLE PTD
1.2 NAME Casey, Patrick V.
1.3 STREET ADDRESS 5944 Chesapeake Park
1.4 CITY-ST-ZIP Orlando, FL 32819

TITLE VPD
NAME SIMS, MICHAEL E.
STREET ADDRESS 3514 CHRISTINA GROVE CIRCLE SOUTH
CITY-ST-ZIP LAKELAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME GEIS, THOMAS A.
STREET ADDRESS 1650 ELM STREET
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Patrick V. Casey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 407 2908090
Date Daytime Phone #

CR2E034 (9/96)