

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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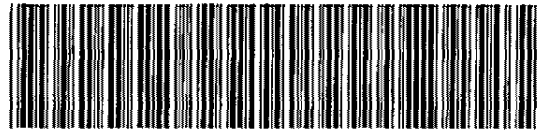
(Business Entity Name)

(Document Number)

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INFORMATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
OFFICE OF THE SECRETARY
TALLAHASSEE, FLORIDA

DOCUMENT # V61609

(6)

GOLF RENTALS, INC.

APPROVED
AND
FILED

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3507 SOUTHSIDE BLVD.
JACKSONVILLE FL 32246

Mailing Address

3507 SOUTHSIDE BLVD.
JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1992	3a. Date of Last Report 04/29/1994
4. FET Number 59-3142464	Applied For Not Application
5. Certificate of Status Delivered ☐	\$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 delinquency under the order of the Florida Statutes ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

Country

24

25

26. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

29

30

9. Name and Address of Current Registered Agent

SOLEM, SCOTT R
7931 BISHOP LAKE ROAD N
JACKSONVILLE FL 32258

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 accepting its responsibility as a 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLEM, ROBERT O
STREET ADDRESS	644 S. STONEY POINT ROAD
CITY-ST-ZIP	SUTTONS BAY MI 49682
TITLE	V
NAME	SOLEM, SCOTT R
STREET ADDRESS	7931 BISHOP LAKE RD. N.
CITY-ST-ZIP	JACKSONVILLE FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. 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)(d), 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 attached sheet with an address.

SIGNATURE:

Scott R. Solem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-38-95 904-641-5334
Date Telephone Number