

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # **284160** (9)

1. Corporation Name
PRIDE GOLF TEE COMPANY

Principal Place of Business Mailing Address
RR 3 BOX 6 GUILFORD ME 33169-0444 US
211 PRIDE RD TAMPA FL 33169-0052 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/11/1964** 3a. Date of Last Report **05/01/1994**
4. FEI Number **01-0271912** 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 **04443** 25 29 30

9. Name and Address of Current Registered Agent
**GARDNER, MARRITT A.
2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **501 East Kennedy Boulevard**
83 **Suite 1250**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE CD
NAME PRIDE, STANLEY G.
STREET ADDRESS 2405 ARDSON PLACE #904A
CITY-ST-ZIP TAMPA FL
TITLE SD
NAME ELLIS, ARIEL W
STREET ADDRESS 3450 W PEBBLE BEACH CT
CITY-ST-ZIP LECANTO FL
TITLE PD
NAME PRIDE, ROBERT B.
STREET ADDRESS 258 PINE STREET
CITY-ST-ZIP DOVER-FOXCROFT ME
TITLE D
NAME ELLIS, SHIRLEY P
STREET ADDRESS 3450 W PEBBLE BEACH CT
CITY-ST-ZIP LECANTO FL
TITLE V
NAME TILTON, SCOTT
STREET ADDRESS GREEN STREET
CITY-ST-ZIP DOVER-FOXCROFT ME
TITLE D
NAME PRIDE, LIZA S
STREET ADDRESS 2405 ARDSON PL NO 904A
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE V/D Change Addition
1.2 NAME Ellis, William R.
1.3 STREET ADDRESS 1400 N. Walker
1.4 CITY-ST-ZIP Iron Mountain, MI 49801
2.1 TITLE T/D Change Addition
2.2 NAME Hewett, Vandy E.
2.3 STREET ADDRESS Dover Road
2.4 CITY-ST-ZIP Milo, ME 04463
3.1 TITLE D Change Addition
3.2 NAME Hawkes, David
3.3 STREET ADDRESS 482 Congress St. Suite 4000
3.4 CITY-ST-ZIP Portland, ME 04101
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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)(k), 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: Vandy E. Hewett Vandy E. Hewett 2/16/95 207-876-3315
DATE DAYTIME PHONE #