

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

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 284160 (9)

1. Corporation Name
PRIDE GOLF TEE COMPANY



Principal Place of Business RR 3 BOX 6 QUILFORD ME 33169-0444 US	Mailing Address 211 PRIDE RD TAMPA FL 33619-8052 US
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3. Date Incorporated or Qualified 08/11/1964	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 01-0271912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARDNER, MARRITT A.
 501 EAST KENNEDY BLVD
 SUITE 1250
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, WILLIAM R.		1.2 NAME	
STREET ADDRESS 1400 N. WALKER		1.3 STREET ADDRESS	
CITY - ST - ZIP IRON MOUNTAIN MI		1.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, ARIEL W		2.2 NAME	
STREET ADDRESS 3450 W PEBBLE BEACH CT		2.3 STREET ADDRESS	
CITY - ST - ZIP LECANTO FL		2.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRIDE, ROBERT B.		3.2 NAME	
STREET ADDRESS 258 PINE STREET		3.3 STREET ADDRESS	
CITY - ST - ZIP DOVER-FOXCROFT ME		3.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELLIS, SHIRLEY P		4.2 NAME Pride, Stanley G.	
STREET ADDRESS 3450 W PEBBLE BEACH CT		4.3 STREET ADDRESS 2405 Ardson Place #904A	
CITY - ST - ZIP LECANTO FL		4.4 CITY - ST - ZIP Tampa, FL	
TITLE V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T/D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TILTON, SCOTT		5.2 NAME Hewett, Vandy E.	
STREET ADDRESS GREEN STREET		5.3 STREET ADDRESS Dover Rd.	
CITY - ST - ZIP DOVER-FOXCROFT ME		5.4 CITY - ST - ZIP Milo, ME 04463	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PRIDE, LIZA S		6.2 NAME Hewett, Russell	
STREET ADDRESS 2405 ARDSON PL NO 904A		6.3 STREET ADDRESS Dover Rd.	
CITY - ST - ZIP TAMPA FL		6.4 CITY - ST - ZIP Milo, ME 04463	

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 _____ DATE _____ 207-876-3315

CR2E034 (9/96)