

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 GUILFORD ME 33169-0444 US	Mailing Address 211 PRIDE RD TAMPA FL 33169-8052 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 08/11/1964	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLIS, WILLIAM R.	
STREET ADDRESS	1400 N. WALKER	
CITY-ST-ZIP	IRON MOUNTAIN MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, ARIEL W	
STREET ADDRESS	3450 W PEBBLE BEACH CT	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIDE, ROBERT B.	
STREET ADDRESS	258 PINE STREET	
CITY-ST-ZIP	DOVER-FOXCROFT ME	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PRIDE, STANLEY G.	
STREET ADDRESS	2405 ARDSON PLACE #904A	
CITY-ST-ZIP	TAMPA FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	HEWETT, VANDY E.	
STREET ADDRESS	DOVER RD	
CITY-ST-ZIP	MILO ME	
TITLE	D	<input type="checkbox"/> DELETE
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ellis, Shirley P	
1.3 STREET ADDRESS	3450 W Pebble Beach Ct	
1.4 CITY-ST-ZIP	Lecanto, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hewett, Russell	
2.3 STREET ADDRESS	Dover Rd	
2.4 CITY-ST-ZIP	Milo, ME 04463	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ellis, Gregory	
3.3 STREET ADDRESS	20 Forest Park	
3.4 CITY-ST-ZIP	Waterville, ME 04901	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hawkes, David	
4.3 STREET ADDRESS	482 Congress St Suite 4000	
4.4 CITY-ST-ZIP	Portland, ME 04101	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

CR2E034 (10/97)