

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -3 PM 5:24**

**DOCUMENT # P94000066607 (0)**

1. Corporation Name

**STINE GOLF ENTERPRISES, INC.**

Principal Place of Business

**1220 HOWARD TERRACE N.W.  
WINTER HAVEN FL 33881**

Mailing Address

**1220 HOWARD TERRACE N.W.  
WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/01/1994**

3a. Date of Last Report

4. FEI Number

**59-3276790**

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

**21 705 E OAK STREET**

Suite, Apt. #, etc.

**22 SUITE C**

City & State

**23 KISSIMMEE FL**

Zip

**24 34744**

Country

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**STINE, THOMAS L  
1220 HOWARD TERRACE N.W.  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

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 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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **STINE, THOMAS L**  
STREET ADDRESS **1220 HOWARD TERRACE N.W.**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D**  Change  Addition  
12 NAME **STINE, THOMAS L**  
13 STREET ADDRESS **1764 ST TROPEZ COURT**  
14 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change

Addition

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 110.07(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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or both, and I am changing or am appointing with an address

SIGNATURE:

*Thomas L. Stine*  
**THOMAS L. STINE**

**12/3/95 1407-932-1149**

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Daytime (Area #)