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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000080371**

1. Corporation Name
P.D. GOLF, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**601 S PALAFOX ST
 PENSACOLA FL 32501
 US**

Mailing Address
**PO BOX 12725
 PENSACOLA FL 32575
 US**

3. Date Incorporated or Qualified
09/26/1996

4. FEI Number
59-3418654

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 City & State

25 Zip

26 Zip

27 Country

28 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, JOHN S
 601 S PALAFOX ST
 PENSACOLA FL 32501**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D CARR, JOHN S**

STREET ADDRESS **601 S PALAFOX ST**

CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE DELETE

NAME **D NICKELSEN, ERIC J**

STREET ADDRESS **601 S PALAFOX ST**

CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE DELETE

NAME **D BENDER, WILLIAM R M.D.**

STREET ADDRESS **1717 NORTH E. STREET**

CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE DELETE

NAME **D POLLAK, LEWIS SR.**

STREET ADDRESS **3335 CHANTARENE DRIVE**

CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE DELETE

NAME **D MCKENZIE, JAMES F**

STREET ADDRESS **905 HATTON STREET**

CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE DELETE

NAME **D CURRIN, MADISON B**

STREET ADDRESS **3298 SUMMIT BLVD, STE 27**

CITY-ST-ZIP **PENSACOLA FL 32503**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: John S Carr **3/9/99** (889) 434-2244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)