

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathern  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 2:21

DOCUMENT # **V48841** (3)  
1. Corporation Name  
**TINSLEY'S GOLF SHOP, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **P.O. BOX 3775 HOMOSASSA SPRINGS FL 34447**  
Mailing Address: **P.O. BOX 3775 HOMOSASSA SPRINGS FL 34447**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/06/1992</b>	3a. Date of Last Report <b>04/20/1994</b>
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3138384</b>	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Zip	29. Zip	30. Zip	5. Certificate of Status Correct <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**TINSLEY, ANSEL**  
**4680 SO BLUEWATER PT**  
**HOMOSASSA SPRINGS FL 34448**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**4380 S. Bluewater Pt.**  
83. City  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.050, 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: \_\_\_\_\_ (Name of Registered Agent, if applicable) (Name of New Agent, if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME <b>D TINSLEY, ANSEL</b>	01. NAME	01. STREET ADDRESS <b>4380 S BLUEWATER PT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS <b>4380 S BLUEWATER PT</b>	02. NAME	02. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
03. CITY, ST, ZIP <b>HOMOSASSA SPRINGS FL</b>	03. NAME	03. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04. NAME	04. NAME	04. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. STREET ADDRESS	05. NAME	05. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. CITY, ST, ZIP	06. NAME	06. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07. NAME	07. NAME	07. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08. STREET ADDRESS	08. NAME	08. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
09. CITY, ST, ZIP	09. NAME	09. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. NAME	10. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	11. NAME	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, ST, ZIP	12. NAME	12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.071(1)(b), Florida Statutes. I further certify that the information contained 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 in person. 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 or is changed, or is an attachment with an address.

SIGNATURE:  **J. Ansel Tinsley, Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-628-2705  
Telephone