FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005097 (0)**

1. Corporation Name
THE GOLF GROUP, INC.

Principal Place of Business	Mailing Address
100 HICKORY DR. THOMASTON GA 30286	100 HICKORY DR. THOMASTON GA 30286

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report: 1ST REPORT

2. Principal Place of Business	2a. Mailing Address
21 314 S. MAIN ST.	26 314 S. MAIN ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MILFORD MI	City & State 28 MILFORD MI
Zip / Country 24 48381 / 25 U.S.A.	Zip / Country 29 48381 / 30 U.S.A.

4. FEI Number: 63-1095484 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DARLING, GARY	1.2 NAME	
STREET ADDRESS	4520 W. HILL SIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAPULPA OK 74066	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	MCMILLAN, PATRICK	2.2 NAME	McMILLAN, PATRICK
STREET ADDRESS	100 HICKORY DR.	2.3 STREET ADDRESS	210 ROBIN-WAY
CITY-ST-ZIP	THOMASTON GA 30286	2.4 CITY-ST-ZIP	CANDLER NC 28715
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRASER, NIALL	3.2 NAME	
STREET ADDRESS	2111 OLD ANNISTON GADSDEN HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENCOE AL 35905	3.4 CITY-ST-ZIP	
TITLE	TASD	4.1 TITLE	TASD ☒ Change ☐ Addition
NAME	BRADLEY, JEFFREY	4.2 NAME	BRADLEY, JEFFREY
STREET ADDRESS	6604 CITY HWY. M	4.3 STREET ADDRESS	2301 GOLDEN AVE
CITY-ST-ZIP	PICKETT WI 54964	4.4 CITY-ST-ZIP	OSHGOSH WI 54904
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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: x Jeffrey A Bradley x 3-17-95 x 800-465-3668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470380 FP