

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J31969** (5)

1. Corporation Name

DAVID'S DISCOUNT GOLF, INC.



Principal Place of Business

Mailing Address

C/O JAMES A. DIXON, JR.
902 N. GADSDEN STREET
TALLAHASSEE FL 32303

C/O JAMES A. DIXON, JR.
902 N. GADSDEN STREET
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified 09/05/1986	3a. Date of Last Report 05/17/1995
4. FEI Number 59-2714336	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIXON, JAMES A., JR.
902 N. GADSDEN STREET
TALLAHASSEE FL 32303**

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 or director, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SMITH, DAVID C. 12017 SW 122ND ST. GAINESVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST SMITH, SUSAN D. 12017 SW 122ND ST GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD DIXON, JAMES A., JR. 902 N. GADSDEN ST. TALLAHASSEE FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			10.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

**DP ST
Smith, David C.
12017 S.W. 122nd St
Gainesville, FL.**

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)(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 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: David C. Smith **DAVID C. SMITH** 3-396 904-377-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(SEE)

Director Phone #

CR2E034 (12/95)