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 # F94000005097 (0)

1. Corporation Name

THE GOLF GROUP, INC.

Principal Place of Business: ~~314 S. MAIN ST~~ 160 Purple Meadow Rd. ~~MILFORD MI 48381~~ Bernardston, MA US 01337

Mailing Address: ~~314 S. MAIN ST.~~ P.O. Box 474 ~~MILFORD MI 48381~~ Bernardston, US MA 01337

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report: 03/21/1995

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

2. Principal Place of Business
21 160 Purple Meadow Rd.
Suite, Apt. #, etc.
22
City & State
23 Bernardston MA
Zip
24 01337
Country
25 USA

2a. Mailing Address
26 P.O. Box 474
Suite, Apt. #, etc.
27
City & State
28 Bernardston MA
Zip
29 01337
Country
30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 ______ 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	PD	☐ DELETE
NAME	DARLING, GARY	
STREET ADDRESS	4520 W. HILL SIDE DR.	
CITY-ST-ZIP	SAPULPA OK 74066	
TITLE	VSD	☐ DELETE
NAME	MCMILLAN, PATRICK	
STREET ADDRESS	26 ROBIN-WAY	
CITY-ST-ZIP	CANDLER NC	
TITLE	VD	☐ DELETE
NAME	FRASER, NIALL	
STREET ADDRESS	2111 OLD ANNISTON GADSDEN HWY.	
CITY-ST-ZIP	GLENCOE AL 35905	
TITLE	TASD	☐ DELETE
NAME	BRADLEY, JEFFREY	
STREET ADDRESS	2361 GOLDEN AVE	
CITY-ST-ZIP	OSHGOSH WI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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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: Michael Newell MICHAEL NEWELL V.P. 6/1/96 413-648-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #