

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 284160 (9)

1. Corporation Name

PRIDE GOLF TEE COMPANY



Principal Place of Business

RR 3 BOX 6  
GUILFORD ME 33169-0444  
US

Mailing Address

211 PRIDE RD  
TAMPA FL 33169-8052  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 04443

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/11/1964

3a. Date of Last Report

02/22/1995

4. FEI Number

01-0271912

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

10. Name and Address of New Registered Agent

GARDNER, MARRITT A.  
501 EAST KENNEDY BLVD  
SUITE 1250  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

501 East Kennedy Boulevard

83

Suite 1250

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 in plain ink of the registered agent or director.

Signature typed or printed in plain ink of the registered agent or director.

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | ELLIS, WILLIAM R.      |                                 |
| STREET ADDRESS | 1400 N. WALKER         |                                 |
| CITY-STATE-ZIP | IRON MOUNTAIN MI       |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | ELLIS, ARIEL W         |                                 |
| STREET ADDRESS | 3450 W PEBBLE BEACH CT |                                 |
| CITY-STATE-ZIP | LECANTO FL             |                                 |
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | PRIDE, ROBERT B.       |                                 |
| STREET ADDRESS | 258 PINE STREET        |                                 |
| CITY-STATE-ZIP | DOVER-FOXCROFT ME      |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | ELLIS, SHIRLEY P       |                                 |
| STREET ADDRESS | 3450 W PEBBLE BEACH CT |                                 |
| CITY-STATE-ZIP | LECANTO FL             |                                 |
| TITLE          | V                      | <input type="checkbox"/> DELETE |
| NAME           | TILTON, SCOTT          |                                 |
| STREET ADDRESS | GREEN STREET           |                                 |
| CITY-STATE-ZIP | DOVER-FOXCROFT ME      |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | PRIDE, LIZA S          |                                 |
| STREET ADDRESS | 2405 ARDSON PL NO 904A |                                 |
| CITY-STATE-ZIP | TAMPA FL               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |                                                                              |
|--------------------|-----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | CD                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Pride, Stanley G.           |                                                                              |
| 1.3 STREET ADDRESS | 2405 Ardson Place #904A     |                                                                              |
| 1.4 CITY-STATE-ZIP | Tampa, FL                   |                                                                              |
| 2.1 TITLE          | T/D/S                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Hewett, Vandy E.            |                                                                              |
| 2.3 STREET ADDRESS | Dover Road                  |                                                                              |
| 2.4 CITY-STATE-ZIP | Milo, ME 04463              |                                                                              |
| 3.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Hawkes, David               |                                                                              |
| 3.3 STREET ADDRESS | 482 Congress St. Suite 4000 |                                                                              |
| 3.4 CITY-STATE-ZIP | Portland, ME 04101          |                                                                              |
| 4.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Hewett, Russell             |                                                                              |
| 4.3 STREET ADDRESS | Dover Road                  |                                                                              |
| 4.4 CITY-STATE-ZIP | Milo, ME 04463              |                                                                              |
| 5.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Ellis, Gregory              |                                                                              |
| 5.3 STREET ADDRESS | 20 Forest Park              |                                                                              |
| 5.4 CITY-STATE-ZIP | Waterville, ME 04901        |                                                                              |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |                                                                              |
| 6.3 STREET ADDRESS |                             |                                                                              |
| 6.4 CITY-STATE-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)(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:

*Vandy E. Hewett*

Vandy E. Hewett

2/15/96

207-876-3315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)