

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 284160 (9)
1. Corporation Name
PRIDE GOLF TEE COMPANY

Principal Place of Business Mailing Address
RR 3 BOX 6 211 PRIDE RD
GUILFORD ME 33169-0444 TAMPA FL 33169-8052
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/11/1964	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		01-0271912	
25 Country		29 Country		Applied For	
24		30		Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	ELLIS, WILLIAM R.	1.2 NAME	Ellis, Shirley P
STREET ADDRESS	1400 N. WALKER	1.3 STREET ADDRESS	3450 W Pebble Beach Ct
CITY-ST-ZIP	IRON MOUNTAIN MI	1.4 CITY-ST-ZIP	Lecanto, FL
TITLE	D	2.1 TITLE	
NAME	ELLIS, ARIEL W	2.2 NAME	Hewett, Russell
STREET ADDRESS	3450 W PEBBLE BEACH CT	2.3 STREET ADDRESS	Dover Rd
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	Milo, ME 04463
TITLE	D	3.1 TITLE	D
NAME	PRIDE, ROBERT B.	3.2 NAME	Ellis, Gregory
STREET ADDRESS	258 PINE STREET	3.3 STREET ADDRESS	20 Forest Park
CITY-ST-ZIP	DOVER-FOXCROFT ME	3.4 CITY-ST-ZIP	Waterville, ME 04901
TITLE	CD	4.1 TITLE	D
NAME	PRIDE, STANLEY G.	4.2 NAME	Hawkes, David
STREET ADDRESS	2405 ARDSON PLACE #904A	4.3 STREET ADDRESS	482 Congress St Suite 4000
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Portland, ME 04101
TITLE	TDS	5.1 TITLE	
NAME	HEWETT, VANDY E.	5.2 NAME	
STREET ADDRESS	DOVER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILO ME	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PRIDE, LIZA S	6.2 NAME	
STREET ADDRESS	2405 ARDSON PL NO 904A	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)