

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90234 018 ***158.75

DOCUMENT # 284160

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



0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1964

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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
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

TITLE PD ☐ DELETE
NAME ELLIS, WILLIAM R.
STREET ADDRESS 1400 N. WALKER
CITY-ST-ZIP IRON MOUNTAIN MI

TITLE D ☐ DELETE
NAME ELLIS, ARIEL W
STREET ADDRESS 3450 W PEBBLE BEACH CT
CITY-ST-ZIP LECANTO FL

TITLE D ☐ DELETE
NAME PRIDE, ROBERT B.
STREET ADDRESS 258 PINE STREET
CITY-ST-ZIP DOVER-FOXCROFT ME

TITLE CD ☐ DELETE
NAME PRIDE, STANLEY G.
STREET ADDRESS 2405 ARDSON PLACE #904A
CITY-ST-ZIP TAMPA FL

TITLE TDS ☐ DELETE
NAME HEWETT, VANDY E.
STREET ADDRESS DOVER RD
CITY-ST-ZIP MILO ME

TITLE D ☐ DELETE
NAME PRIDE, LIZA S
STREET ADDRESS 2405 ARDSON PL NO 904A
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Ellis, Shirley P.
1.3 STREET ADDRESS 3450 W Pebble Beach Ct
1.4 CITY-ST-ZIP Lecanto, FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Hewett, Russell
2.3 STREET ADDRESS Dover Rd
2.4 CITY-ST-ZIP Milo, ME 04463

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Ellis, Gregory
3.3 STREET ADDRESS 20 Forest Park
3.4 CITY-ST-ZIP Waterville, ME 04901

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Hawkes, David
4.3 STREET ADDRESS 482 Congress St, Suite 4000
4.4 CITY-ST-ZIP Portland, ME 04101

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vandy E. Hewett

3/4/99

Date

207-876-3315

Daytime Phone #

CR2E034 (1/98)