FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **399969** **(5)**

1. Corporate Name
GOLDEN CUE, INC.

Principal Place of Business
299 N BABCOCK ST
MELBOURNE FL 32935

Mailing Address
299 N BABCOCK ST
MELBOURNE FL 32935

(X) NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1972**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-1396894** — 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 Chapter 199 of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DAUGHTRIDGE, JOHN H
1170 POLK STREET
MELBOURNE FL 32935

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 Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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 I agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Peter S Ohman — 4/19/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAUGHTRIDGE, JOHN H
STREET ADDRESS	1170 POLK STREET
CITY, ST, ZIP	MELBOURNE FL
TITLE	STD
NAME	OHMAN, PETER S
STREET ADDRESS	871 TUPELO DRIVE
CITY, ST, ZIP	MELBOURNE FL
TITLE	D
NAME	WILDMAN, PHYLLIS J
STREET ADDRESS	1311 HARRY SUTTON RD
CITY, ST, ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, 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)(i), Florida Statutes. 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 above, or is an attachment with an address.

SIGNATURE: Peter S Ohman — 4/19/95 — 407-254-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000712 CP