

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 658667 1. Corporation Name ROBBY WILSON'S PRO SHOP, INC.	(1)
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Principal Place of Business 1100 PARVIEW DRIVE SANIBEL FL 33957	Mailing Address 1100 PARVIEW DRIVE SANIBEL FL 33957
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Incorporation		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1980	3a. Date of Last Report 04/22/1994
21		26		4. FEI Number 59-2135949	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No	

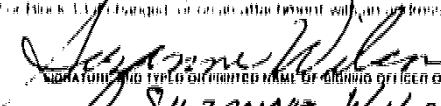
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRACE, WALTER, JR 2259 MC GREGOR BLVD FORT MYERS, FL				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

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 and 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1. TITLE	☐ Change ☐ Addition
NAME	WILSON, SUZANNE	1. NAME	
STREET ADDRESS	1239 MORNING SIDE	1. STREET ADDRESS	
CITY & STATE	FORT MYERS, FL 00000	1. CITY & STATE	
TITLE	DM	2. TITLE	☐ Change ☐ Addition
NAME	WILSON, ROBBY	2. NAME	
STREET ADDRESS	1239 MORNING SIDE	2. STREET ADDRESS	
CITY & STATE	FORT MYERS, FL 00000	2. CITY & STATE	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information submitted 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 managing or controlling organization for the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:  5/1/95 813/172-2626
Suzanne Wilson