


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

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90011 019 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 818070**

1. Corporation Name  
**GOLF PLAYERS, INC.**

Principal Place of Business 5954 BRAINERD ROAD CHATTANOOGA TN 37421	Mailing Address 5954 BRAINERD ROAD CHATTANOOGA TN 37421
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
23	28
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3. Date Incorporated or Qualified <b>07/23/1964</b>	Applied For Not Applicable
4. FEI Number <b>62-0718120</b>	\$8.75 Additional
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**O'DELL, ELIZABETH MAGRATH**  
**708 S OCEAN DR**  
**FT PIERCE FL 34949-3211**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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: Elizabeth Magrath O'Dell DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MAGRATH JR, E K	
STREET ADDRESS	5954 BRAINERD RD.	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAGRATH, E K III	
STREET ADDRESS	5954 BRAINERD RD.	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'DELL, ELIZABETH M	
STREET ADDRESS	708 S. OCEAN DR.	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jay M. Grant	
1.3 STREET ADDRESS	5954 Brainerd Road	
1.4 CITY-ST-ZIP	Chattanooga, TN 37421	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: E. K. Magrath, III DATE: 5/19/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)