FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000005097 (0)**

1. Corporation Name

THE GOLF GROUP, INC.

Principal Place of Business	Mailing Address
~~314 S. MAIN ST~~ 160 Purple Meadow Rd. ~~MILFORD MI 48381~~ Bernardston, MA US 01337	~~314 S. MAIN ST.~~ P.O. Box 474 ~~MILFORD MI 48381~~ Bernardston, US MA 01337

2. Principal Place of Business	2a. Mailing Address
21 160 Purple Meadow Rd.	26 P.O. Box 474
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bernardston MA	City & State 28 Bernardston MA
Zip 24 01337 Country 25 USA	Zip 29 01337 Country 30 USA

3. Date Incorporated or Qualified: **09/30/1994**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **63-1095484** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 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) (Both Registered Agent signature required when filing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DARLING, GARY		1.2 NAME		
STREET ADDRESS	4520 W. HILL SIDE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAPULPA OK 74066		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCMILLAN, PATRICK		2.2 NAME		
STREET ADDRESS	26 ROBIN-WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANDLER NC		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRASER, NIALL		3.2 NAME		
STREET ADDRESS	2111 OLD ANNISTON GADSDEN HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GLENCOE AL 35905		3.4 CITY-ST-ZIP		
TITLE	TASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, JEFFREY		4.2 NAME		
STREET ADDRESS	2361 GOLDEN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OSHGOSH WI		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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. 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.

SIGNATURE: Michael Newell MICHAEL NEWELL V.P. 6/1/96 413-648-9303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #