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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

160 PURPLE MEADOW RD
BERNARDSTON MA 01337
US

Mailing Address

PO BOX 474
BERNARDSTON MA 01337-0474
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

06/11/1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DARLING, GARY	
STREET ADDRESS	4520 W. HILL SIDE DR.	
CITY-ST-ZIP	SAPULPA OK 74088	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MCMILLAN, PATRICK	
STREET ADDRESS	26 ROBIN-WAY	
CITY-ST-ZIP	CANDLER NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRASER, NIAL	
STREET ADDRESS	2111 OLD ANNISTON GADSDEN HWY.	
CITY-ST-ZIP	GLENCOE AL 35905	
TITLE	TASD	<input type="checkbox"/> DELETE
NAME	BRADLEY, JEFFREY	
STREET ADDRESS	2361 GOLDEN AVE	
CITY-ST-ZIP	OSHGOSH WI	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Victor, W. Marshall	
1.3 STREET ADDRESS	92 Main Street	
1.4 CITY-ST-ZIP	Northfield, MA 01360	
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	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bradley Jeffrey	
4.3 STREET ADDRESS	2361 Golden Ave.	
4.4 CITY-ST-ZIP	Oshkosh, WI 54904	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Darling, Gary	
5.3 STREET ADDRESS	3605 Danwick Drive	
5.4 CITY-ST-ZIP	Norman, OK 73072	
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 do 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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0904615

CR2E034 (9/96)