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Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G77766 (5)
1. Corporation Name
PRO GOLF DISCOUNT/DISTRIBUTORS OF JACKSONVILLE,
INC.

Principal Place of Business Mailing Address
% DAVID D. GATES % DAVID D. GATES
68 BLANDING BLVD. 68 BLANDING BLVD.
ORANGE PARK FL 32073 ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1984

4. FEI Number

59-2357161

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATES, DAVID D.
68 BLANDING BLVD.
ORANGE PARK FL 32073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME GATES, DAVID D.
STREET ADDRESS 70 BLANDING BLVD.
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GATES, CHESTER J.
STREET ADDRESS 22724 LINGEMANN
CITY-ST-ZIP ST. CLAIR SHRS. MI

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GATES, ANITA G.
STREET ADDRESS 22724 LINGEMANN
CITY-ST-ZIP ST. CLAIR SHRS. MI

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: X DAVID D. GATES

1-6-98

904-724-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0015700

CR2E034 (10/97)