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Apr 09 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 # J31969 (5)

1. Corporation Name
DAVID'S DISCOUNT GOLF, INC.

Principal Place of Business

C/O JAMES A. DIXON, JR.
802 N. GADSDEN STREET
TALLAHASSEE FL 32303

Mailing Address

C/O JAMES A. DIXON, JR.
802 N. GADSDEN STREET
TALLAHASSEE FL 32303-6378



3. Date Incorporated or Qualified
09/05/1986

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

59-2714336

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

DIXON, JAMES A., JR.
902 N. GADSDEN STREET
TALLAHASSEE FL 32303

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

DAVID C. SMITH

(NOTE: Registered Agent signature required when reinstating)

4-4-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
DPST	SMITH, DAVID C.	12017 SW 122ND ST.	GAINESVILLE FL	<input type="checkbox"/>
VD	DIXON, JAMES A., JR.	902 N. GADSDEN ST.	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	2.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
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4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	4.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	5.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	6.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: DAVID C. SMITH 4-4-97 352-377-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0046347

CR2E034 (9/96)