FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42003 (0)

1. Corporation Name
T.P.C. GOLF, INC.

Principal Place of Business	Mailing Address
7844 ESTANCIA WAY SARASOTA FL 34238	2955 N. BEACH ROAD A-523 ENGLEWOOD FL 34223 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/13/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 PO Box 1114 OSPREY, FL 34229	26 P.O. Box 1114 OSPREY, FL 34229
Suite, Apt. #, etc. 22 PO Box 1114	Suite, Apt. #, etc. 27 P.O. Box 1114
City & State 23 OSPREY FL	City & State 28 OSPREY, FL
Zip 24 34229 Country 25	Zip 29 34229 Country 30

4. FEI Number: 59-2743807 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINEO, SAMUEL 2955 N. BEACH ROAD UNIT A-523 ENGLEWOOD FL 34223	81 Name: SAMUEL MINEO 82 Street Address (P.O. Box Number is Not Acceptable): 339 WOODS POINT Rd 83 84 City: OSPREY FL 85 Zip Code: 34229

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: Samuel Mineo President 4/20/95
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	1.1 TITLE	MINEO, SAMUEL	☑ Change ☐ Addition
NAME	MINEO, SAMUEL	1.2 NAME		
STREET ADDRESS	2955 N. BEACH ROAD, A523	1.3 STREET ADDRESS	PO Box 1114	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	SAMSON RUSSELL	2.2 NAME		
STREET ADDRESS	1419 PEREGRINE POINT DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	DST	3.1 TITLE		☐ Change ☐ Addition
NAME	LERNER, BRAD	3.2 NAME		
STREET ADDRESS	4171 LAS PALMAS WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Samuel Mineo 4-20-95 813/966-7931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

044497 FT