

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 17 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L32972 (6)

1. Corporation Name
THOMPSON GOLF, INC.

Principal Place of Business Mailing Address
100 WOODLAND DRIVE VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report			
21		26		11/27/1989		05/01/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For			
22		27		65-0160724		Not Applicable			
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees			
Zip		Country		24		25			
29		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>			
24		25		29		30			
29		30		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMPSON, WILLIAM JOHN 100 WOODLAND DRIVE VERO BEACH FL 32962				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 City			
				84 City		85 Zip Code	
FL		32962					

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer applies. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, WILLIAM JOHN	1.2 NAME	
STREET ADDRESS	4200 N. A1A, APT.409B	1.3 STREET ADDRESS	1205 NEAR OCEAN DRIVE
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	VERO BEACH, FLORIDA 32963
TITLE	TVD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PATRICIA CIR	2.2 NAME	
STREET ADDRESS	4200 N A1A APT 409-B	2.3 STREET ADDRESS	1205 NEAR OCEAN DRIVE
CITY - ST - ZIP	FT PIERCE FL	2.4 CITY - ST - ZIP	VERO BEACH, FLORIDA 32963
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PATRICIA CIR	3.2 NAME	
STREET ADDRESS	4200 N A1A APT 409-B	3.3 STREET ADDRESS	1205 NEAR OCEAN DRIVE
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	VERO BEACH, FLORIDA 32963
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 114.07(3)(b), 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 addendum.

SIGNATURE: **PATRICIA THOMPSON** *Patricia Thompson* **JULY 5, 1995** **407-562-8110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Here #)

CR2E034 (3/95)