FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998

Principal Place of Business

ATLANTIC BEACH FL 32233

2. Principal Place of Business

59 WEST 9TH ST

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Zip

2721 PARK STREET

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

25

JACKSONVILLE FL 32205

MILLAR, AL P.A. **2721 PARK STREET** (8)

Mailing Address

City & State

26

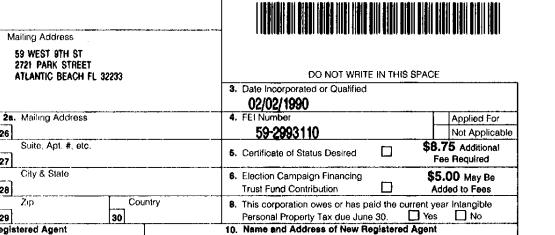
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9. Name and Address of Current Registered Agent

DAVIS GOLF BALL, INC.

	H	ILED	
May	11	1998	8:00am
Sec	ret	ary of	State



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

			1					
			84	City	FL 85 Zip C	ode		
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, typod or printed name of registered agent and like if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12		
TITLE	9	☐ DELETE 1.	TITLE		Change	Addition		
NAME	DAVIS, JAMES T	1.3	NAME					
STREET ADDRESS	12170 CALAIS ST	1.3	STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	1/	CITY-S	S1 - Z(P				
TITLE		DELETE 2:	TITLE		☐ Change	☐ Addition		
NAME		23	NAME					
STREET ADDRESS		2.5	STREET	ADDRESS				
CITY-ST-ZIP		2.	4 CITY - :	ST-ZIP				
ITLE		DELETE 3	TITLE		☐ Change	Addition		
NAME		3.3	NAME					
STREET ADDRESS		3:	STREET	ADDRESS				
CITY-8T-2IP		3.	. CITY - S	ST-ZIP				
ITLE		DELETE 4:	TiTL€		☐ Change	☐ Addition		
NAME	1	4.	2 NAME					
STREET ADDRESS		4.3	STREET	ADDRESS				
CITY-ST-ZIP			CITY - S	31- ZIP				
FITLE		☐ DELETĘ 🌐 🎉	TITLE		L Change	☐ Addition		
NAME	}	53	NAME					
STREET ADDRESS		5	STREET	ADDRESS				
CITY-ST-ZIP			CITY - S	31- ZIP				
TITLE		☐ DELETE 6	TITLE		Change	Addition		
NAME		63	NAME					
STREET ADDRESS		6.3	STREET	ADDRESS		į		
CITY-ST-ZIP			CITY - S					
4. I hereby certify that the information supplied with this filing docs 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 supplied into a report of the corporation or provinceiver or trustee is the same legal effect as if made under oath; that I am an officer or director of the corporation or provinceiver or trustee is made under oath; that I am an Block 12 or Block 13 if changes or one attachment with an address.								

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