

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17030 (8)  
1. Corporation Name  
GOLF USA, INC.

Principal Place of Business  
3705 W. MEMORIAL  
OKLAHOMA CITY OK 73013  
US

Mailing Address  
3705 S MEMORIAL  
STE. 301  
OKLAHOMA CITY OK 73134  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 73-1275602	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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	PD	1.1 TITLE	P D
NAME	GRIGGY, KENNETH J.	1.2 NAME	GRIGGY, KENNETH J.
STREET ADDRESS	1801 S. BROADWAY	1.3 STREET ADDRESS	3705 W. MEMORIAL
CITY-ST-ZIP	EDMOND OK	1.4 CITY-ST-ZIP	OKLA. CITY, OK 73134
TITLE	ST	2.1 TITLE	ST
NAME	MCTIERNAN, PATRICK D.	2.2 NAME	
STREET ADDRESS	3705 W. MEMORIAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	MCLAIN, R.T.	3.2 NAME	MCLAIN, R.T.
STREET ADDRESS	1801 S. BROADWAY	3.3 STREET ADDRESS	3705 W. MEMORIAL
CITY-ST-ZIP	EDMOND OK	3.4 CITY-ST-ZIP	OKLA. CITY, OK 73134
TITLE	D	4.1 TITLE	D
NAME	REECE, ROBERT A	4.2 NAME	REECE, ROBERT A.
STREET ADDRESS	1801 S BROADWAY	4.3 STREET ADDRESS	3705 W. MEMORIAL
CITY-ST-ZIP	EDMOND OK 73013	4.4 CITY-ST-ZIP	OKLA. CITY OK 73134
TITLE		5.1 TITLE	RICH MCLAIN DIRECTOR
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	3705 W. MEMORIAL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OKLA. CITY OK 73134
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_

CR2E034 (10/97)