

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26213** (9)

1. Corporation Name
MCGILL GOLF, INC.



Principal Place of Business 625 E 162ND STREET SOUTH HOLLAND FL 33043	Mailing Address 625 E 162ND C/O THOMAS A. GILLEY SOUTH HOLLAND FL 33043-2327 US
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2. Principal Place of Business 21 13300 VANTAGE WAY Suite, Apt. #, etc.	2a. Mailing Address 26 13300 VANTAGE WAY Suite, Apt. #, etc.
22 City & State 23 JACKSONVILLE, FL Zip Country 24 32218 25 DUVAL	27 City & State 28 JACKSONVILLE, FL Zip Country 29 32218 30 DUVAL

3. Date Incorporated or Qualified 09/28/1989	3a. Date of Last Report 04/15/1996
4. FEI Number 65-0143267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGROGAN, PATRICK A. 1510 NORTHEAST 191ST STREET NORTH MIAMI FL 33161	10. Name and Address of New Registered Agent 81 Name MCGROGAN, PATRICK A. 82 Street Address (P.O. Box Number is Not Acceptable) 13300 Vantage Way 83 84 City JACKSONVILLE FL 85 Zip Code 32218
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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]* (NOTE: Registered agent signature required when reappointing) DATE: **1/2/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GILLEY, THOMAS A.	1.2 NAME	
STREET ADDRESS	525 E. 162ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH HOLLAND IL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MCGROGAN, PATRICK A.	2.2 NAME	MCGROGAN, PATRICK A.
STREET ADDRESS	1014 PINE BRANCH COURT	2.3 STREET ADDRESS	1774 Regatta
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GILLEY, GEORGE D.	3.2 NAME	
STREET ADDRESS	525 E. 162ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH HOLLAND IL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GILLEY, LINDA B.	4.2 NAME	
STREET ADDRESS	525 E 162ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH HOLLAND IL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCGROGAN, FRANCES S.	5.2 NAME	MCGROGAN, FRANCES S.
STREET ADDRESS	1014 PINE BRANCH COURT	5.3 STREET ADDRESS	1014 Regatta
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GILLEY, SHEILA S.	6.2 NAME	
STREET ADDRESS	525 E. 162ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH HOLLAND IL	6.4 CITY-ST-ZIP	

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 or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/2/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE: **0424277**

CR2E034 (9/96)