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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040510 (8)

ROBBINS/KOCH GOLF DESIGNS, INC.

Principal Place of Business Mailing Address P.O. BOX 272807 ATTN. TONY MATTERA **TAMPA FL 33688-2807** P.O. BOX 272907 DO NOT WRITE IN THIS SPACE TAMPA FL 33688-2807 3. Date Incorporated or Qualified 06/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-3201471 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current pear Intangible 24 25 29 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILLS, FREDERICK J 1200 W. PLATT STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 100 TAMPA FL 33606 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stonature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE Change TITLE ROBBINS, RICHARD G NAME 1.2 NAME 100 HARDAWAY CT. 1.3 STREET ADDRESS STREET ADORESS CARY NO CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE Change ROBBINS, VIRGINIA A 2.2 NAME 100 HARDAWAY CT. 2 3 STREET ADDRESS STREET ADDRESS CARY NO 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE KOCH, GARY D NAME 3.2 NAME P.O. BOX 272807 NA STREET ADORESS **3.3 STREET ADDRESS** TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MATTERA, TONY 4 2 NAME NAME P.O. BOX 272807 NA 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33688-2807 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change TITLE DELETE 6.1 TITLE 6.2 NAME

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 employeed 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 attackment with an arriverse. 813 99/5526 **SIGNATURE:**

63 STREET ADDRESS 64 CITY-ST-ZIP

FILED

May 07 1998 8:00am

Secretary of State