FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996DOCUMENT #

P93000044707 (6)

GOLF STUFF, INC.

Principal Place of Business Mailing Address										I HUBIKABI IIN KAINA IKKI UNIII ANII	I BUIH UBIH U		4 18811 88111 FBB1 FBB1
3405 SW COLLEGE RD. STE. 225 OCALA FL 34474				3405 SW COLLEGE RD. STE. 225 OCALA FL 34474									
US				US				-	3. Date Incorporated or Qualified				
2. Principal Pla	ace of Busin	ess	71	2a. Mailing Address				4.	FEI Number			Applied For	
21				26						59-3187230			Not Applicable
Suite, Apt. #, etc. 22				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip				, ` 			Country		8. This corporation has liability for intangible tax under s 199.032,				
24 25 25 Name and Address of Current			29	<u> </u>					Florida Statutes Yes No 10, Name and Address of New Registered Agent				
<u> </u>	and Address	or Current Regis	81	Т	Name	10.	Maille and Address of New H	egistereo	Agent				
MCCDA	147 147 147					Ľ	L					_	
MCGRAW, W. W 2130 NE 10TH ST.						82	2	Street Address	et Address (P.O. Box Number is Not Acceptable)				
1	FL 34470					83	1						
00/12/	1 2 3 1 1 1 0						1					1	
						84	1	City			FL	85	Zip Code
or registere	ed agent, or	both, in the Sta	ite of Florida. Suci	07,1508, Florida Statut h change was authori: .0505, Florida Statute:	zed b	ne above- y the corp	na por	med corporation in the corporati	ion si of di	ubmits this statement for the pur rectors. I hereby accept the appo	pose of cha pintment as	inging regist	its registered office ered agent. I am
-	Signature, typed		gistered agent and title if		OTE: Re	r	anl s	signature required wh			DATE		
12.	66	OFF	CERS AND DIREC			13.				ADDITIONS/CHANGES TO OFFI			
1ITLE	PD	DO DANAID		☐ DELETE		1. 1 TITLE				•	L] Chai	nge 🗌 Addition
NAME NAME	NAME PHILLIPS, DONALD STREET ADDRESS 3719 SE 4TH ST.						.2 NAME .3 STREET ADDRESS						
	OCALA												
CITY-ST-ZIP TITLE	STD			☐ DELETE		1.4 CITY - 2. 1 TITLE		ZIP				7 Chai	nge
NAME		AW, W. W				2.2 NAME					_	_	• 6
STREET ADDRESS	1	VE 10TH ST.			1	2.3 STREE	T AL	DDRESS					
CITY-ST-ZIP	OCALA	4 FL				2.4 CITY -	ST-	ZIP					
THILE	D			☐ DELETE		3. 1 TITLE					[.] Cha	nge 🔲 Addition
NAME		ian, Robert				3.2 NAME							
STREET ADDRESS				3.			3.3. STREET ADDRESS						
CHTY-ST-ZiP	OCALA	A FL				3.4 CITY-		ZIP			_		p=q
TITLE				DELETE		4. 1 TITLE					E	Cha	nge 🔯 Addition
NAME						4.2 NAME							
STREET ADDRESS					1	4.3 STREE							
CITY-ST-Z:P				☐ DELETE		4.4 CITY - 5. 1 TITLE		ZIP			F	7 Cha	nge 🗍 Addition
NAME						5.1 HILE 5.2 NAME					L		-go La rigation
STREET ADDRESS						5.3 STREE		ndress					
CITY-ST-ZIP						5.4 CITY-							
TITLE				☐ DELETE		6. 1 TITLE	•			- 		Cha	nge 🔲 Addition
NAME						62 NAME					_		
STREET ADDRESS						6.3 STREE	T A[DDRESS					
C-TY-ST-ZIP						6.4 CITY-	ST-	ZIP					
		the information	augalical with this	files is valuated to	ninho				ble a c	Output on the section 110	OZZOVIA FIA	da n	lak dan 1 filodhau

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

huto 4/

352-750-4404 Daytime Prone # 2E034 (12/95)