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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000045736 (4)

1. Corporation Name

THE GOLF SWING CLINIC, INC.

Principal Place of Business

6494 HWY 41 NORTH
APOLLO BEACH FL 33572

Mailing Address

6494 HWY 41 NORTH
APOLLO BEACH FL 33572-1804

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

09/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3192084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MUSSELMAN, RICHARD A
504 FAIRHOPE DRIVE
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name
MUSSELMAN, RICHARD A.
82 Street Address (P.O. Box Number is Not Acceptable)
928 CHIPAWAY DRIVE
83
84 City
APOLLO BEACH FL
85 Zip Code
33572

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

Cheryl A. Musselman

CHERYL A. MUSSELMAN SEC.

4/30/97

Signature typed (printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PT	MUSSELMAN, RICHARD A	504 FAIRHOPE DR	APOLLO BEACH FL 33572	<input type="checkbox"/>
S	MUSSELMAN, CHERYL A	504 FAIRHOPE DR	APOLLO BEACH FL 33572	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PT	MUSSELMAN, RICHARD A	928 CHIPAWAY DR	APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	MUSSELMAN, CHERYL A.	928 CHIPAWAY DR	APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

Cheryl A. Musselman / Sec

4/30/97

813-641-2889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (9/96)