

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000000157 (5)
1. Corporation Name

LAUDEN GOLF FACTORY OUTLET/CLUBHOUSE, INC.



Principal Place of Business

Mailing Address

**4160 SOUTHSIDE BLVD
#6
JACKSONVILLE FL 32256**

**4160 SOUTHSIDE BLVD
#6
JACKSONVILLE FL 32256**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report 06/14/1995
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3231549	Applied For Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**LAUDENSLAGER, JAMES W
4160 SOUTHSIDE BLVD
#6
JACKSONVILLE FL 32256**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 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 of the person filing this report as the registered agent

Signature of the person filing this report as the new registered agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST LINSEY, CYNTHIA	11 TITLE	
NAME	2433 S PONTE VEDRA BLVD	12 NAME	
STREET ADDRESS	PONTE VEDRA BCH FL	13 STREET ADDRESS	
CITY- ST- ZIP		14 CITY- ST- ZIP	
TITLE		21 TITLE	
NAME		22 NAME	P James W. Laudenslager
STREET ADDRESS		23 STREET ADDRESS	4160 Southside Blvd. #6
CITY- ST- ZIP		24 CITY- ST- ZIP	JACKSONVILLE, FL 32216
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. 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)(c), Florida Statutes. I further certify that the information included 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 C17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96 904642-6778

CR2E034 (3/96)