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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008221 (1) T.B. DIXSON GOLF, INC.					
Principal Place of Business		Mailing Address			8814
122 STANTON PL. ONGWOOD FL 32779		422 STANTON PL. LONGWOOD FL. 32779-3365			
				3. Date Incorporated or Qualified	· ·
Principal Pl	ace of Business	2a. Mailing Address		02/02/1994 4. FEI Number	03/19/1996 Applied For
]		26		59-3221093	Not Applica
- Suite, Apt i]	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona Fee Required
City & State		City & State		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·
<u>l</u>		28		Trust Fund Contribution	Added to Fees
Zip [Country 25	Zip (29)	Country 30	 This corporation has liability for Florida Statutes 	or intangible tax under s. 199.032
1	9. Name and Address of Cu		1301	10. Name and Address of New F	
DIXS	ON, T.B.		81 Name		
422	STANTON PL.		82 Street Add	dress (P.O. Box Number is Not Accept	table)
LON	GWOOD FL 32778		83		
			84 City		FL 85 Zip Code
office or re agent. Lar	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such change wa obligations of, Section 607.0505,	is authorized by the corpora Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	cept the appointment as registere
IGNATURE .	Signalize, typed or printed name of registers		as authorized by the corporal Florida Statutes. OTE Registered Agent signature requirements.	uired when reinstating)	cept the appointment as registere DATE FICERS AND DIRECTORS IN 12
IGNATURE	Signalize, typict or purited name of eign-ee OFF ICERS	ed agont and this it applicable (the	NOTE: Registered Agent signature requ	uired when reinstating)	DATE
ignature 2. Ile	Signalure, typed or pinhed name of requirers OFF ICERS D DIXSON, T.B.	ed agont and the it applicable (A	NOTE Registered Agent signature required. 13. 11 TITLE 12 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12
EGNATURE 2. ILE MC BEET ADDRESS	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ed agont and the it applicable (A	13. 11 TITLE 12 NAME 1.3 SIREET ADDRESS	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12
EGNATURE 2. ILLE DMC IBEET ADDRESS TY-ST 7IP	Signalure, typed or pinhed name of requirers OFF ICERS D DIXSON, T.B.	ed agont and the it applicable (A	NOTE Registered Agent signature required. 13. 11 TITLE 12 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12
CNATURE 2. ILE MY HEET ADDRESS TY-SI-7IP ILE	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ct agent and the if applicable (A AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add
GNATURE LE MC BEEL ADDRESS IY-SI-7IP LE ME REEL ADDRESS	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ct agent and the if applicable (A AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 SIRRET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add
CONATURE 2. ILLE MUE BEEL ADDRESS TY-SI-ZIP ILLE MUE REEL ADDRESS TY-SI-ZIP	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ct agent and the if applicable (A AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add
CNATURE 2. ILE MC BEEL ADDRESS TY-SL ZIP LE ME BEEL ADDRESS TY-SL-ZIP LE LE LE LE LE LE LE LE LE L	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	claport and trie if applicable () AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add
CONATURE 2. ILE MUE IREET ADDRESS TY-ST ZIP ILE MME IREET ANORESS TY-ST-ZIP ILE AME	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	claport and trie if applicable () AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add
CONATURE 2. ILE MAC IBEET ADDRESS ITY-SI-ZIP ILE AME ITY-SI-ZIP ILE AME ITY-SI-ZIP ILE AME ITY-SI-ZIP ILE ITY-SI-ZIP ILE ITY-SI-ZIP ILE ITY-SI-ZIP ILE ITY-SI-ZIP ITY-SI-ZIP	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	clagant and trip if applicable (#) AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add
IGNATURE 2. ILE MME IBEET ADDRESS MY-SI-ZIP ILE AME IBEET ANORESS MY-SI-ZIP ILE AME INSELE ANORESS MY-SI-ZIP ILE INSELE ADDRESS INY-SI-ZIP ILE	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	claport and trie if applicable () AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add
IGNATURE 2. ILE MAC IREET ADDRESS TY-SI-ZIP ILE MAE REEL ADDRESS TY-SI-ZIP ILE MAE ILE MAE ILE MAE ILE MAE ILE MAE ILE MAE MAE ILE MAE MAE MAE MAE MAE MAE MAE M	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	clagant and trip if applicable (#) AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add
CONATURE 2. ILE IME IME IME IME IME IME IME	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ct agent and the it applicable (f) AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add
IGNATURE 2. ILE INFET ADDRESS IY-SI-ZIP ILE IMME INFET ADDRESS IY-SI-ZIP ILE	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	clagant and trip if applicable (#) AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 SIREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 SIREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 NAME 5.3 SIREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add
CONATURE 2. ILE IME IME IME IME IME IME IME	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ct agent and the it applicable (f) AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add
IGNATURE 2. ILE IMPE IMPE ADDRESS ITY-SI-ZIP ILE IMME RELLATIORESS ITY-SI-ZIP ILE IMME INSLIADURESS ITY-SI-ZIP ILE IMME INSLIADURESS ITY-SI-ZIP ILE IMME IMME IMME IMME IMME IMME IMME	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ct agent and the it applicable (f) AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add
CONATURE 2. ILLE IMPETADORESS INY-SI-ZIP ILLE AME INSEL ADDRESS INY-SI-ZIP ILLE AME INSEL ADDRESS INY-SI-ZIP ILLE ILLE	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	ct agent and the it applicable (f) AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add
IGNATURE 2. ILE BAPE BREELADDRESS BY-SI-ZIP ILE BAME BREELADDRESS ITY-SI-ZIP ILE BAME BREELADDRESS ITY-SI-ZIP ILE BAME BREELADDRESS ITY-SI-ZIP ILE BREELADDRESS ITY-SI-ZIP ILE BREELADDRESS ITY-SI-ZIP ILE BREELADDRESS ITY-SI-ZIP ILE BAME BREELADDRESS ITY-SI-ZIP ILE BAME BREELADDRESS ITY-SI-ZIP ILE BAME BREELADDRESS ITY-SI-ZIP ILE	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	CLARGEST AND DIRECTORS DELETE DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add
GNATURE	Signalure, typed or pinhed name of require of OFF ICERS D DIXSON, T.B. 422 STANTON PL.	CLARGEST AND DIRECTORS DELETE DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 14 1997 8:00am

Secretary of State