SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029498 (0) APPROVED AND

97 JUL 24 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. & C.	. G. GOLF SHOP, INC.				
Principal Place of Business		Mailing Address		3 TORNIORN IND SOUN BIRN BOND ON SE	40110 11610 10111 01010 0101 1011 1661
22400 GLEN EAGLES TERRACE		22400 GLEN EAGLES TE	RRACE		
PORT CHARL	OTTE FL 33952	PORT CHARLOTTE FL 3			
i				DO NOT WRITE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal 6	Place of Business	2a. Mailing Address		04/15/1994 4. FET Number	06/13/1996
21		26. Maining Acidioss			Applied For
Suite, Ant. #, etc.		Suite. Apt. #, etc.		65-0480118	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June :	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent
	EEN, ALLAN T		81 Name		
22400 GLEN EAGLES TERRACE 82 Street Adv				ress (P.O. Box Number is Not Acceptable	e)
PORT CHARLOTTE FL 33952					
			83		
			84 City		85 Zip Code
office or i agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed hards of registered at		authorized by the corpora orida Statules. It Rigistered Agent signature requi	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 1/LE		Change Addition
NAME	GREEN, ALLAN T		1.2 NAME		
STREET ADDRESS	22400 GLEN EAGLES TERRA		1.3 STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	<u> </u>	1.4 CITY - ST - ZIF		
3JTLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	2000022	511085
STREET ADDRESS			2 3 STHEFT ADDRESS	-07/29/9	511085 7-01096006
CITY-ST-ZIP			12 4 CITY - ST - 7IP	****165	<u>.80 ****165.00</u>
TITLE		☐ DELETE	3.1 THLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		T BULL	3.4. CiTY - ST - ZIP		
TITLE		L] DELETE	4 1 THILE		Change Addition
NAME			4 2 NAMI		
STREET ADDRESS			4.3 STREEL ADDRESS		
CITY-ST-ZIP		T print	4.4 C(1Y - S1 - Z(P		
TITLE		☐ DELETE	5.1 1111.6		☐ Change ☐ Addition
NAME STOCES ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	1 - 4	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - 7IP	m 1/28	Change Address
NAME		L} VILLIE	61 Hite	gn 1/28	Change
STREET ADDRESS			6.2 NAME	-	
			6.4 STREET WORK 22		
CITY-ST-ZIP			64 CITY-ST-7IP		

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attrahment with an address