

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED  
95 MAY -1 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058185 (7)**  
1. Corporation Name  
**THE GAINESVILLE GOLF PRACTICE CENTER, INC.**

Principal Place of Business Mailing Address  
**999 SW 16 AVE  
APARTMENT ONE  
GAINESVILLE FL 32601**      **999 SW 16 AVE  
APARTMENT ONE  
GAINESVILLE FL 32601**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1994** 3a. Date of Last Report  
4. FEI Number **59-3265244** 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  
7. This corporation has liability for adequate tax under S. 193.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PATTERSON, BART  
999 SW 16 AVE  
APARTMENT ONE  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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, typed or printed name of registered agent and title of corporation) (Date)  
\_\_\_\_\_ (Typed Name of Registered Agent and Title of Corporation) (Date)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	D PATTERSON, BART	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS	999 SW 16 AVE APT ONE	12. NAME	
13. CITY - ST - ZIP	GAINESVILLE FL 32601	13. STREET ADDRESS	
14. TITLE		14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		15. NAME	
16. STREET ADDRESS		16. STREET ADDRESS	
17. CITY - ST - ZIP		17. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE		18. NAME	
19. NAME		19. STREET ADDRESS	
20. STREET ADDRESS		20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY - ST - ZIP		21. NAME	
22. TITLE		22. STREET ADDRESS	
23. NAME		23. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS		24. NAME	
25. CITY - ST - ZIP		25. STREET ADDRESS	
26. TITLE		26. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME		27. NAME	
28. STREET ADDRESS		28. STREET ADDRESS	
29. CITY - ST - ZIP		29. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. TITLE		30. NAME	
31. NAME		31. STREET ADDRESS	
32. STREET ADDRESS		32. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. CITY - ST - ZIP		33. NAME	
34. TITLE		34. STREET ADDRESS	
35. NAME		35. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. STREET ADDRESS		36. NAME	
37. CITY - ST - ZIP		37. STREET ADDRESS	
38. TITLE		38. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39. NAME		39. NAME	
40. STREET ADDRESS		40. STREET ADDRESS	
41. CITY - ST - ZIP		41. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 change, or an attachment with an address.

SIGNATURE: *Bart Patterson* **BART PATTERSON** 4-29-95 904 375-3223  
Date: \_\_\_\_\_