

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Barbara B. Auerbach  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 21 AM 10:25

DOCUMENT # P94000062768 (4)

GOLF CART PROVISIONS INC.

415C PINEDA COURT MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/25/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3261401</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. This corporation is a foreign corporation <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
24. County	29. County
25. City	30. City

9. Name and Address of Current Registered Agent  
 CORPORATION INFORMATION SERVICES INC.  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
 81. Name **WINGERT, THOMAS M.**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**1013 ALFRED DR.**  
 83.   
 84. City **Orlando** FL 85. Zip Code **32810**

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 for 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: *Thomas Wingert* **Thomas Wingert** 7/10/94

12. OFFICERS AND DIRECTORS

11. TITLE	<b>D</b>
12. NAME	<b>WINGERT, THOMAS M</b>
13. STREET ADDRESS	<b>1013 ALFRED DR.</b>
14. CITY, ST, ZIP	<b>ORLANDO FL 32810</b>
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	<b>300001545203</b>
29. STREET ADDRESS	<b>-07/25/95--01057--017</b>
30. CITY, ST, ZIP	<b>****225.00 ****225.00</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY, ST, ZIP	
39. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME	
41. STREET ADDRESS	
42. CITY, ST, ZIP	
43. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME	
45. STREET ADDRESS	
46. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report or true and accurate report 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on this report or these 15 filings engaged in or an attachment with an address.  
 SIGNATURE: *Tom Wingert* **Tom Wingert** 7/10/95 (407) 254-8996  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)