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 APR 18 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085509 (5)

1. Corporation Name
EZ-GOLF, INC.

Principal Place of Business	Mailing Address
~~26 YANKEE POINT DR~~ ~~CARMEL CA 93923~~ 105 Kelleys Trail Oldsmar, FL 34677	~~26 YANKEE POINT DR~~ ~~CARMEL CA 93923~~ 105 Kelleys Trail Oldsmar, FL 34677

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 105 Kelleys Trail	2a. Mailing Address: 26 105 Kelleys Trail	3. Date Incorporated or Qualified: 11/23/1994	3a. Date of Last Report
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27	4. FEI Number: 59-3281566	Applied For / Not Applicable
City & State: 23 Oldsmar FL	City & State: 28 Oldsmar FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 24 34677 Country: 25 Pinellas	Zip: 29 32677 Country: 30 Pinellas	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARQUARDT, STEPHANIE T 911 CHESTNUT ST CLEARWATER FL 34616	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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	President ☒ Change ☐ Addition
NAME	FORREST, GARY T	1 2 NAME	Forrest, Gary T
STREET ADDRESS	26 YANKEE POINT DR	1 3 STREET ADDRESS	105 Kelleys Trail
CITY ST ZIP	CARMEL FL 93923	1 4 CITY ST ZIP	Oldsmar, FL 32677
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(k), 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 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 changed, or on an attachment with an address.

SIGNATURE: [signature] Gary T. Forrest 4/10/95 813-781-4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #