

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Lawton  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

55 MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092390 (1)

GOLF-TEC OF MICHIGAN, INC.

DO NOT WRITE IN THIS SPACE

|                                                                             |                                                          |
|-----------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date Incorporated or Qualified                                           | 38. Date of Last Report                                  |
| 12/15/1994                                                                  |                                                          |
| 4. FL Number                                                                | Applied For<br>Not Applicable                            |
| 59-3294009                                                                  |                                                          |
| 5. Certificate of Status Desired                                            | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 6. Director Campaign Financing<br>Federal Election Commission               | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| 7. This corporation has liability for interstate tax under Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                  |                     |                                                                  |                     |
|------------------------------------------------------------------|---------------------|------------------------------------------------------------------|---------------------|
| 1. Principal Place of Business                                   |                     | 2a. Mailing Address                                              |                     |
| 13000 SAWGRASS VILLAGE<br>SUITE 30<br>PONTE VEDRA BEACH FL 32082 |                     | 13000 SAWGRASS VILLAGE<br>SUITE 30<br>PONTE VEDRA BEACH FL 32082 |                     |
| 2. Principal Place of Business                                   | 2a. Mailing Address | 21. State Apt # etc                                              | 26. State Apt # etc |
| 22. City & State                                                 | 27. City & State    | 23. City & State                                                 | 28. City & State    |
| 24. City & State                                                 | 25. City & State    | 29. City & State                                                 | 30. City & State    |

9. Name and Address of Current Registered Agent

PEEK, DAVID H  
1609 GULF LIFE TOWER  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. Zip Code

11. I, Agent to the provisions of Sections 607.05(1) and 607.15(8) 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 607.05(1) Florida Statutes.

SIGNATURE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                         | 13. OFFICERS AND DIRECTORS |  |
|----------------------------|-----------------------------------------|----------------------------|--|
| 1. NAME                    | D VADERSEN, ERNEST R                    | 1. NAME                    |  |
| 2. STREET ADDRESS          | 13000 SAWGRASS VILLAGE CIRCLE, SUITE 30 | 2. STREET ADDRESS          |  |
| 3. CITY & STATE            | PONTE VEDRA BEACH FL 32082              | 3. CITY & STATE            |  |
| 4. NAME                    | D HUTCHINS, HAROLD E                    | 4. NAME                    |  |
| 5. STREET ADDRESS          | 13000 SAWGRASS VILLAGE CIRCLE, SUITE 30 | 5. STREET ADDRESS          |  |
| 6. CITY & STATE            | PONTE VEDRA BEACH FL 32082              | 6. CITY & STATE            |  |
| 7. NAME                    | D MURPHY, DANIEL R                      | 7. NAME                    |  |
| 8. STREET ADDRESS          | 13000 SAWGRASS VILLAGE CIRCLE, SUITE 30 | 8. STREET ADDRESS          |  |
| 9. CITY & STATE            | PONTE VEDRA BEACH FL 32082              | 9. CITY & STATE            |  |
| 10. NAME                   |                                         | 10. NAME                   |  |
| 11. STREET ADDRESS         |                                         | 11. STREET ADDRESS         |  |
| 12. CITY & STATE           |                                         | 12. CITY & STATE           |  |
| 13. NAME                   |                                         | 13. NAME                   |  |
| 14. STREET ADDRESS         |                                         | 14. STREET ADDRESS         |  |
| 15. CITY & STATE           |                                         | 15. CITY & STATE           |  |

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 119.02(3)(b) Florida Statutes. I further certify that the information included 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 of this filing with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR