

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001043

1. Corporation Name

THE GOLF TEAM, INC.

Principal Place of Business

30 SOUTH SPRING ST
PENSACOLA FL 32501
US

Mailing Address

30 SOUTH SPRING ST
PENSACOLA FL 32501
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Country

29

Zip

30

Country

24

25

9. Name and Address of Current Registered Agent

BROWN, GERALD L
30 SOUTH SPRING ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 - P | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, GERALD L | | 1.2 NAME |
| STREET ADDRESS | 30 SOUTH SPRINGS ST | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY-ST-ZIP |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, LEE M | | 2.2 NAME |
| STREET ADDRESS | 30 SOUTH SPRING ST | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | PENSACOLA FL | | 2.4 CITY-ST-ZIP |
| TITLE | D - S | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPENCER, RANDALL C | | 3.2 NAME |
| STREET ADDRESS | 30 SOUTH SPRING ST | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | PENSACOLA FL | | 3.4. CITY-ST-ZIP |
| TITLE | D - V P | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROARK, DONALD A | | 4.2 NAME |
| STREET ADDRESS | 30 SOUTH SPRING ST | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | PENSACOLA FL | | 4.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP |

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 850-433-6581

Daytime Phone #

CR2E034 (11/98)