FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000014769 (0)**

1. Corporation Name
ONE UP GOLF OF NAPLES, INC.

Principal Place of Business
~~2970 GULF-TO-BAY BLVD.~~
~~CLEARWATER FL 34619~~

Mailing Address
~~2970 GULF-TO-BAY BLVD.~~
~~CLEARWATER FL 34619~~

3. Date Incorporated or Qualified: 02/22/1995
3a. Date of Last Report:

2. Principal Place of Business
21 680 9th Street North
22 Suite, Apt. #, etc.
23 City & State: Naples, FL
24 Zip: 33940
25 Country: USA

2a. Mailing Address
26 8405 Sunstate Street
27 Suite, Apt. #, etc.
28 City & State: Tampa, FL
29 Zip: 33634
30 Country: USA

4. FEI Number: 59-3333726 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MILLS, FREDERICK J
MORRISON, MORRISON & MILLS, P.A.
1200 W. PLATT ST., STE. 100
TAMPA FL ~~33609~~ 33606

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 if applicable — (NOTE: Registered Agent signature required when operating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS ☐ DELETE
NAME	SELLERS, KENNETH L
STREET ADDRESS	16709 WINDSOR PARK DRIVE
CITY-ST-ZIP	LUTZ FL 33549
TITLE	DST ☐ DELETE
NAME	SELLERS, NANCY V
STREET ADDRESS	16709 WINDSOR PARK DRIVE
CITY-ST-ZIP	LUTZ FL 33549
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-04/22/96--01035--034
***200.00

DEPT OF STATE 450453
FOR DEPOSIT ONLY
04/22/96--01035--000
*****200.00

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: Kenneth L Sellers — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-22-96 — Daytime Phone #: (813) 889-7122

Kenneth L. Sellers

CR2E034 (12/95)

4-24-96