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 # P95000014951 (4)

GOLF STUFF DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3405 S.W. COLLEGE ROAD SUITE 225 OCALA FL 34474

3405 S.W. COLLEGE ROAD SUITE 225



OCALA FL 34	474	OCALA FL 34474							
						3. Date Incorporated or Qualified 02/22/1995	3a. Date o	of Last	Report
 -	oal Place of Business 2a. Mailing Address					4. FEI Number	·/	∇	Applied For
21		26	<u>- 1 </u>				~	60.7	Not Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State			6. Election Campaign Financing		\$5.0	00 May Be	
23		28				Trust Fund Contribution			led to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i	intangible tax	under	s 199.032,
24	25 25 Name and Address of Current	29 Povistared Agent	30			Florida Statutes Yes 10. Name and Address of New R		aont	
	9. Name and Address of Current	Hadisteled Adelit		81	Name	10. Name and Address of New Y	egistered A	your	
MCGRAW, W. WAYNE W									
	N, W. WATNE W			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	FL 34470		83						
00,00			-	84	City			85	Zip Code
							<u> </u>	<u>Ļ.,.</u> .	
or registere	o the provisions of Sections 607.0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section	a. Such change was autho	orized by the or	ve-n orpo	amed corpora bration's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of char ointment as r	ging its egistere	s registered office ed agent. I am
SIGNATURE _	ignature, typed or printed name of registered against	nd tille if applicable.	(NOTE: Registered a	Ayənt	t signature required	t when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
TITLE	D	DELETE	1.110	TLE			Ε.	Change	Addition
NAME	MCGRAW, W. WAYNE		1.2 NAME						
STREET ADDRESS	2130 N.E. 10TH STREET			1.3 STREET ADDRESS					
CITY-ST-ZIP	OCALA FL 34470		1.4 CIT		T-ZiP			Change	Addition
TITLE NAME	PHILLIPS, DON			2 1 TITLE 2.2 NAME			L	Onling:	
STREET ADDRESS	3405 S.W. COLLEGE ROAD	NITTE 225		2.3 STREET ADDRESS					
CITY-ST-ZIP	OCALA FL 34474			2.4 CITY-ST-7IP					
TITLE	DELETE			3. 1 TITLE		······································		Changi	e 🔲 Addition
NAME	FELDMAN, ROBERT L		3 2 NA	ME					
STREET ADDRESS	3405 S.W. COLLEGE ROAD	SUITE 225	3.3. ST	REET	ADDRESS				
CITY-ST-ZIP	OCALA FL 34474		3.4 CH		T-ZIP			*****	
TITLE		☐ DELETE	4. 1 TI] Changi	e 🔲 Addition
NAME			4.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	A STATE OF STREET	DELETE	4.4 CIT		T-ZIP			Chang	e 🗍 Addition
TITLE			5. 1 Ti 5.2 NA				L	i vitaliy	L ADDITION
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			•						
TITLE			6. 1 T	I CHY-ST-ZIP				Chang	e 🗍 Addition
NAME		.	6.2 NA				•		•
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6 4 CI						
	certify that the information supplied v	vith this filing is voluntarily				or the exemption stated in Section 119	.07(3)(k), Flor	da Sta	tutes, I further

4. 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 couporation 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 1/20/96

1/25/96 302-750-44 Deytine Phone #