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 # **P95000033808 (3)**

1. Corporation Name
MILLION DOLLAR MULLIGAN, INC.

Principal Place of Business	Mailing Address
601 TERESA COURT MAITLAND FL 32751	601 TERESA COURT MAITLAND FL 32751

3. Date Incorporated or Qualified: **05/01/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3313030 ☐ 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

GILMAN, W S
601 TERESA COURT
MAITLAND FL 32751
Delete

10. Name and Address of New Registered Agent

81 Name: JOHN P. LARKIN
82 Street Address (P.O. Box Number is Not Acceptable): 601 TERESA CT
83
84 City: MAITLAND FL 85 Zip Code: 32751

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: John P. Larkin — JOHN P. LARKIN, Vice Pres — DATE: 5-7-96
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent's signature required for non-corporate agent.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P T	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LARKIN, DAVID J		12 NAME	
STREET ADDRESS	7500 HYDE PARK DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN 55439		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LARKIN, JAMES T		22 NAME	
STREET ADDRESS	5 HILLSIDE DRIVE (ROCK RIDGE)		23 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831		24 CITY-ST-ZIP	
TITLE	D VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LARKIN, JOHN P		32 NAME	
STREET ADDRESS	601 TERESA COURT		33 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		34 CITY-ST-ZIP	
TITLE	D S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BAILEY, JOHN		42 NAME	
STREET ADDRESS	200 WATERBURY ISLAND DRIVE		43 STREET ADDRESS	
CITY-ST-ZIP	ISLE OF PINES SC		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	100001830251 -05/20/96--01068--014 ***200.00
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	32 5.1
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: John P. Larkin — 4-27-96 — 407 831 7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN P. LARKIN