

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000037322 (1)**

1. Corporation Name
PARKER GOLF CORPORATION



Principal Place of Business 1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207	Mailing Address 1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207-9072
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2. Principal Place of Business 21 915 Sawgrass Village Suite, Apt. #, etc.		2a. Mailing Address 26 915 Sawgrass Village Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last Report 05/01/1996
22 City & State 23 Ponte Vedra Beach, FL Zip Country 24 32082 25 USA		27 City & State 28 Ponte Vedra Beach, FL Zip Country 29 32082 30 USA		4. FEI Number 59-3323876	Applied For Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEEK, EUGENE G III 1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207				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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, LAWRENCE J JR	1.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., #1609	1.3 STREET ADDRESS	915 Sawgrass Village
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, MICHAEL	2.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., #1609	2.3 STREET ADDRESS	915 Sawgrass Village
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BRYAN C	3.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., #1609	3.3 STREET ADDRESS	915 Sawgrass Village
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	DST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, SAUNDRA M	4.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., #1609	4.3 STREET ADDRESS	915 Sawgrass Village
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	AS/S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEK, EUGENE G., III	5.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., #1609	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE		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 do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)