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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040450 (5)

**GOLF INDUSTRIES MANAGEMENT, INC.** 

## **FILED** May 05 1998 8:00am Secretary of State



						[ <del>                                     </del>			! <b>     </b>	
Principal Place of Business Mailing Address						. 10011001110 101010 01111 00111 00111	<b>421(1 #4(11 444)1 44</b> 71	#12#1 #114		
SSOS GRANDE LAGOON BLVD. 227 EAST JEFFEI PENSACOLA FL 82507 QUINCY FL 32351			SON STREET			DO NOT WRIT	TE IN THIS SPAC	F		
US					-	3. Date Incorporated or Qualified				
						05/22/1995				
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For				
21		26			Ì	T. Paris			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$E		dditional	
22		27				5. Certificate of Status Desired	1 1 '	Fee Rec		
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23	28					Trust Fund Contribution		dded to	Fees	
Zip	Country	Zip	Cour	try		8. This corporation owes or has p			~	
24	25	[29]	30			Personal Property Tax due Jur			No	
	9. Name and Address of Current	t Registered Agent		NAT No.		10. Name and Address of New F	legistered Agen	<u> </u>		
	CHMOND, HAROLD S		- '	B1 Na	me					
	7 EAST JEFFERSON STREET			32 Stre	el Address	Address (P.O. Box Number is Not Acceptable)				
Ql	UINCY FL 32351		-	33						
			Ĺ	34 City	<del></del>		95	Zip C	ode	
			ľ	<b>54</b> City	,		FL 85	Zip C	oge	
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, typod or printed name of regists red agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF		CTORS	IN 12	
TITLE	\$T	DELETE	1.1 TITL	E			C	hange	Addition	
NAME	MACDONALD, SALLY		12 NA	1E	ŀ					
STREET ADDRESS	5505 GRANDE LAGOON BLVI	D.	1.3 STR	eet addre	ss					
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 C/T	(-ST-ZIP						
TITLE	P	☐ DELETE	2.1 TITLE		l		□ c	hange	Addition [	
NAME	MACDONALD, JOHN		2.2 NA	AE						
STREET ADDRESS	5505 GRANDE LAGOON BLVI	D.	2.3 STR	EET, ADDRE	ss					
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CTREET ADDRESS						9000025: -05/06/98010	115n4n	•		
STREET ADDRESS				EET ADDRE	99	***150.00	713 040			
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NAME		La Penera	6.2 NAS							
STREET ADDRESS				EET ADDRE	ss		dh	1		
CITY-ST-ZIP				:			(A)	15	7	
-111 G1-51	L		9.1011							

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.

Sally MacDonald

1/15/98

334-970-1444