PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000042757

THE GOLF STORE, INC.

Principal Place of Business

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90141 046 ***150.00



19281 CORTEZ BROOKSVILLE		19281 CORTEZ BLVD BROOKSVILLE FL 34601				DO NO 3. Date Incorporated or C 05/26/1995	OT WRITE IN T	HIS SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		T	Applied For
21		26				59-3320823			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	—			5. Certifcate of Status De	sired []		5 Additional
22		27							Required
City & State	е	City & State				6. Election Campaign Fin	- 11		00 May Be
23		28	Cou	ntn.		Trust Fund Contribution			ed to Fees
Zip	Country	Zip		iiu y		8. This corporation owes	•	r Intangible	⊠no
24	9. Name and Address of Currer	29	30			Personal Property Tax 10. Name and Address of			E_140
	9. Name and Address of Currer	it vedistelen Adeur		81 N	Name	IV. Hame and Address o	r New Registe	rea regent	
HOI.	NSON, BRUCE R								
24081 PEPPERMILL DR				82 5	Street Address (P.O. Box Number is Not Acceptable)				
BRO	OKSVILLE FL 34601			83				· 	
				84 (City			85	Zip Code
								FL °°° ′	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	l by the	amed corpo e corporation	oration submits this statement in's board of directors. I heret	y accept the a	ppointment a	s registered
SIGNATURE	Classic desiration of citation	nt and title if anyther (A)OT	E: Dozietered	Agent sis	heriuses equinad	(when reinstation)	DATE		
	Signature, typed or printed name of registered agei			Agent siç	gnature required	when reinstating) ADDITIONS/CHANGES	TO OFFICERS		CTORS IN 12
12.		nt and title if applicable. (NOT	E: Registered 13.		gnature required	when reinstating) ADDITIONS/CHANGES			
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 comporation 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 changes on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS