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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049178 (3)

GOOD-BUY-GOLF, INC.

Principal Place of Business 13170A 90TH STREET NORTH SUITE BOSA

Mailing Address

FILED May 07 1998 8:00am Secretary of State



13170A 90TH STREET NORTH SUITE BO3A LARGO FL 34643 DO NOT WRITE IN THIS SPACE **LARGO FL 34643** 3. Date Incorporated or Qualified 06/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3326124 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEWART, GLENN P 13170A 90TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) SUITE 803A **LARGO FL 34643** 85 11. Pursuant to the provisions of Sections 607 (602 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE Change TITLE STEWART, GLENN P 1.2 NAM8 NAME 540 CARILLON PKWY., #3030 12658 PINEFOREST WAY & 1.3 STREET ADDRESS **STREET ADDRESS** ST. PETERSBURG FL 33716 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. Change Addition TITLE 2.1 TITLE RIEGER, KIRK L 2.2 NAME HANE 13443 KNOTTY LANE 2.3 STREET ADDRESS STREET ADDRESS 34669 HUDSON FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELFIE 3 1 1/1LF Change Addition NAME 3.2 NAME **STREET ADORESS** 3.3 STREET ADDRESS 3.4 CHTY-ST-ZIP CITY-ST-ZIP DELFTE Addition Change TITLE 4.1 TOTALE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition

14. Thereby 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 officer or director of the corpora Block 12 or Block 13 if change

5.1 TOTLE

5.2 NAME 5.3 STREET ADDRESS

6.1 THEF

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

4-29-98 813-559-7637

Change

Addition