

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 23 1996 8:00 am
Secretary of State

DOCUMENT # P95000053837 (7)

1. Corporation Name

DIVOT GOLF BALL COMPANY

Principal Place of Business

Mailing Address

442 W KENNEDY BLVD STE 200
TAMPA FL 33606

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TAMPA FL 33606



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/07/1995		NIA	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28		59-3322812		Not Applicable	
24 Zip		29		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
25 Country		30		☒ Yes ☐ No		☒ Yes ☐ No	
21		26		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
22		27		☒ Yes ☐ No		☒ Yes ☐ No	
23		28		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
24		29		☒ Yes ☐ No		☒ Yes ☐ No	
25		30		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
26		31		☒ Yes ☐ No		☒ Yes ☐ No	
27		32		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
28		33		☒ Yes ☐ No		☒ Yes ☐ No	
29		34		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
30		35		☒ Yes ☐ No		☒ Yes ☐ No	
31		36		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
32		37		☒ Yes ☐ No		☒ Yes ☐ No	
33		38		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
34		39		☒ Yes ☐ No		☒ Yes ☐ No	
35		40		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
36		41		☒ Yes ☐ No		☒ Yes ☐ No	
37		42		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
38		43		☒ Yes ☐ No		☒ Yes ☐ No	
39		44		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
40		45		☒ Yes ☐ No		☒ Yes ☐ No	
41		46		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
42		47		☒ Yes ☐ No		☒ Yes ☐ No	
43		48		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
44		49		☒ Yes ☐ No		☒ Yes ☐ No	
45		50		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
46		51		☒ Yes ☐ No		☒ Yes ☐ No	
47		52		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
48		53		☒ Yes ☐ No		☒ Yes ☐ No	
49		54		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
50		55		☒ Yes ☐ No		☒ Yes ☐ No	
51		56		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
52		57		☒ Yes ☐ No		☒ Yes ☐ No	
53		58		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
54		59		☒ Yes ☐ No		☒ Yes ☐ No	
55		60		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
56		61		☒ Yes ☐ No		☒ Yes ☐ No	
57		62		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
58		63		☒ Yes ☐ No		☒ Yes ☐ No	
59		64		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
60		65		☒ Yes ☐ No		☒ Yes ☐ No	
61		66		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
62		67		☒ Yes ☐ No		☒ Yes ☐ No	
63		68		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
64		69		☒ Yes ☐ No		☒ Yes ☐ No	
65		70		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
66		71		☒ Yes ☐ No		☒ Yes ☐ No	
67		72		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
68		73		☒ Yes ☐ No		☒ Yes ☐ No	
69		74		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
70		75		☒ Yes ☐ No		☒ Yes ☐ No	
71		76		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
72		77		☒ Yes ☐ No		☒ Yes ☐ No	
73		78		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
74		79		☒ Yes ☐ No		☒ Yes ☐ No	
75		80		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
76		81		☒ Yes ☐ No		☒ Yes ☐ No	
77		82		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
78		83		☒ Yes ☐ No		☒ Yes ☐ No	
79		84		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
80		85		☒ Yes ☐ No		☒ Yes ☐ No	
81		86		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
82		87		☒ Yes ☐ No		☒ Yes ☐ No	
83		88		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
84		89		☒ Yes ☐ No		☒ Yes ☐ No	
85		90		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
86		91		☒ Yes ☐ No		☒ Yes ☐ No	
87		92		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
88		93		☒ Yes ☐ No		☒ Yes ☐ No	
89		94		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
90		95		☒ Yes ☐ No		☒ Yes ☐ No	
91		96		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
92		97		☒ Yes ☐ No		☒ Yes ☐ No	
93		98		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
94		99		☒ Yes ☐ No		☒ Yes ☐ No	
95		100		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
96		101		☒ Yes ☐ No		☒ Yes ☐ No	
97		102		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
98		103		☒ Yes ☐ No		☒ Yes ☐ No	
99		104		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
100		105		☒ Yes ☐ No		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CELLURA, JOSEPH R 442 W KENNEDY BLVD STE 200 TAMPA FL 33606		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		FL	

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 typed in printed form of officer, new agent, or both, in the State of Florida. _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D CELLURA, JOSEPH R 442 W KENNEDY BLVD STE 200 TAMPA FL 33606		P/D ELLEE M. KNIGHT P.O. BOX 3591 PLANT CITY, FL 33564	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
		S/T KATHLEEN J. MILLER P.O. BOX 172067 TAMPA, FL 33672-2067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
		200001931442 -08/26/96--01008--034 ***701.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen J. Miller KATHLEEN J. MILLER 8/15/96 813 251 1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)