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

APPROVED AND FILED
96 SEP -3 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064515 (6)

1. Corporation Name
GOLF BALLS N' GOLF BALLS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
6525 4TH STREET NORTH ST. PETERSBURG FL 33702	6525 4TH STREET NORTH ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: 08/21/1995
3a. Date of Last Report:
4. FEI Number: 59-3355144 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangibles tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

21 2. Principal Place of Business: 29144, U.S. Hwy 19 N
22 Suite, Apt. #, etc:
23 City & State: CLEARWATER, FL.
24 Zip: 34621
25 Country:

26 2a. Mailing Address:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent
SCHIFINO, WILLIAM J
201 N. FRANKLIN STREET
SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 000001944283 -09/11/96--01031--015
83 ****375.00 ****375.00
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: (Signature of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D S	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HENSBERRY, PHYLLIS W		12 NAME	
STREET ADDRESS	% 6525 4TH STREET NORTH		13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702		14 CITY-ST-ZIP	
TITLE	D	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BERMAN, LARRY		22 NAME	
STREET ADDRESS	% 6525 4TH STREET NORTH		23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702		24 CITY-ST-ZIP	
TITLE	D P C	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HENSBERRY, ROBERT E		32 NAME	
STREET ADDRESS	% 6525 4TH STREET NORTH		33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: [signature] 8/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/96)

D107321 CP