FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000089270 (9)**

1. Corporation Name

PRECISION GOLF, INCORPORATED

Principal Place of Business	Mailing Address
2746 LAKEVILLE DRIVE **TAMPA FL 33618**	**2746 LAKEVILLE DRIVE** **TAMPA FL 33618**

3. Date Incorporated or Qualified: **11/20/1995**

3a. Date of Last Report: N/A

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3354652 ☐ 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 intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GAGE, THOMAS
2746 LAKEVILLE DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title, if applicable) (Certificate, if Registered Agent signature required when restoring) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS GAGE		1.2 NAME		
STREET ADDRESS	2746 LAKEVILLE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARY GAGE		2.2 NAME		
STREET ADDRESS	2746 LAKEVILLE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	TERRI HETH		3.2 NAME	MARY GAGE	
STREET ADDRESS	10717 N. MACARTHUR BLVD		3.3 STREET ADDRESS	2746 LAKEVILLE DRIVE	
CITY-ST-ZIP	IRVING, TEXAS 75063		3.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	T	☑ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	TINA KEATING		4.2 NAME	THOMAS GAGE	
STREET ADDRESS	1715-21 RED CEDAR DR		4.3 STREET ADDRESS	2746 LAKEVILLE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33907		4.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	300001858053	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-06/11/96--01073--040	
TITLE		☐ DELETE	6.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Thomas Gage THOMAS GAGE 4-28-96 (813)960-1607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #