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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000089270 (9)

1. Corporation Name  
PRECISION GOLF, INCORPORATED

Principal Place of Business

8285 PHILADELPHIA AVE.  
SPRING HILL FL 34606

Mailing Address

8285 PHILADELPHIA AVE.  
SPRING HILL FL 34606-5266

2. Principal Place of Business

21 3435 DELTONA BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 3435 DELTONA BLVD

Suite, Apt. #, etc.

22 City & State

23 SPRING HILL, FLORIDA

Zip

24 34606

27 City & State

28 SPRING HILL, FLORIDA

Zip

29 34606

Country

30

9. Name and Address of Current Registered Agent

GAGE, THOMAS  
2746 LAKEVILLE DRIVE  
TAMPA FL 33618

61 Name

THOMAS GAGE

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

8285 PHILADELPHIA AVE

63

64

City

SPRING HILL

FL

Zip Code

34606

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
GAGE, THOMAS  
2746 LAKEVILLE DRIVE  
TAMPA FL 33618

P/T  
THOMAS GAGE  
8285 PHILADELPHIA AVE  
SPRING HILL, FL 34608

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
GAGE, MARY  
2746 LAKEVILLE DRIVE  
TAMPA FL 33618

V/S  
MARY GAGE  
8285 PHILADELPHIA AVE  
SPRING HILL, FL 34606

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
GAGE, MARY  
2746 LAKEVILLE DRIVE  
TAMPA FL 33618

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
GAGE, THOMAS  
2746 LAKEVILLE DRIVE  
TAMPA FL 33618

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

14. I do 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 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.

1/20/97

252-181-2251



FILED

May 13 1997 8:00am  
Secretary of State

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