

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
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.

City & State
23 SPRING HILL, FLORIDA
Zip Country
24 34606 25

City & State
28 SPRING HILL, FLORIDA
Zip Country
29 34606 30

3. Date Incorporated or Qualified 11/20/1995
3a. Date of Last Report 05/01/1996

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 THOMAS GAGE
82 Street Address (P.O. Box Number is Not Acceptable) 8285 PHILADELPHIA AVE
83
84 City SPRING HILL FL 85 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P GAGE, THOMAS 2746 LAKEVILLE DRIVE TAMPA FL 33618
V GAGE, MARY 2746 LAKEVILLE DRIVE TAMPA FL 33618
S GAGE, MARY 2746 LAKEVILLE DRIVE TAMPA FL 33618
T GAGE, THOMAS 2746 LAKEVILLE DRIVE TAMPA FL 33618
DELETE
DELETE
DELETE
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/T
1.2 NAME THOMAS GAGE
1.3 STREET ADDRESS 8285 PHILADELPHIA AVE
1.4 CITY-ST-ZIP SPRING HILL, FL 34606
2.1 TITLE V/S
2.2 NAME MARY GAGE
2.3 STREET ADDRESS 8285 PHILADELPHIA AVE
2.4 CITY-ST-ZIP SPRING HILL, FL 34606
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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.

SIGNATURE [Signature] 11/20/95 34606-5266

CR2E034 (9/96)