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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089440 (8)

TOMMYE'S GOLF, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



3507 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32248		3507 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32246		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				11/22/1995	
2. Principal P	Place of Business	2a. Mailing Address		# FEI Number	Applied For
21 7931	Bishop Lake Rd.N.	26 7931 Bisho	o Lake fd.N	59-3347538	Not Applicable
Suite, Apt.		Suite, Apr. #, etc.	,, , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				a Flastian Compaign Figure 1	
23 Jack	sonville FL	28 Jacksonvil		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 322	So 25 U.S.A.	29 32256 g	Country U.S.A.	8. This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
SOLEM, SCOTT R 81 Name					
7831 BISHOP LAKE RD N JACKSONMILE FL 32256 Street Address (F				dress (P.O. Box Number is Not Acceptable)	
83					
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Soctions 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 OFFICERS AND		Registered Agent signature requ		10.010000000000000000000000000000000000
12. TITLE	POST	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12 IX Change
NAME	SOLEM, TOMMYE L		1.2 NAME		TY custile
STREET ADDRESS	7931 BISHOP LAKE RD N		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			2ip-32256	
TITLE	VDC	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	SOLEM, SCOTT R		2.2 NAME		E Padison
STREET ADDRESS	7931 BISHOP LAKE RD N		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CITY-ST-ZIP	Zip-32256	,
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify 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 conforation or the receiver or flustee 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.