FEB. 0 5 1997

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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600006808 (5)

T. J.'S GOLF AND EQUIPMENT, INC.

Mailing Address

FILED

97 JUL -7 AM 11: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



803 LAKE NELL COURT LUTZ FL 83549		7522 NORTH 40TH STREET TAMPA FL 33604-4504						
					3. Date Incorporated or Qualified 01/15/1996	3a. Date	of Last	Report
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 334395	6	- 1-	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional Required
City & State		City & State	٦		Etection Campaign Financing Trust Fund Contribution			
Zip 4	Country 25	26 29 30		try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
840	ORT, PAUL R		1	Name				
	2 N or th 40th Street MPA e l 33604		Ĩ	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	•		[3				
•	·		ļ	14 City		FL	85 Zip	Code
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered age				uired when reinstating)	DATE		
12.		D DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	R\$ IN 12
TITLE	PD Transition	☐ DELETE	1.1 TITL		כי כי חורוניותיים		Change	Addition
NAME	DEWDNEY, TERRY L		1.2 NAM		7000022 -07/10/9	. — — — — — — — — — — — — — — — — — — —) Q.C	.025
STREET ADDRESS	303 LAKE NELL COURT			ET ADDRESS	****165	. 00 S	k****1	65.00
CITY-ST-ZIP Title	LUTZ FL 33549 VSD	₩ DELETÉ	1.4 CITY 2.1 TITL	-\$T-ZIP			Change	Addition
NAME	MONROE, JOSEPH T	A sales	2.2 NAM			L.	_ Onlinge	L. Addition
STREET ADDRESS	17911 SIMMS ROAD	·		ET ADDRESS				
CHY-ST-ZIP	ODESSA FL 33556		2.4 CIT	r-St-ZIP				
TITLE	 -	☐ DELETE	3.1 TITL				Change	Addition
NAME			3.2 NAM	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP FITLE		DELETE	3.4. Cit's 4.1 TitL	'-ST-ZIP			Change	Addition
NAME		and section	4. 2 NAN			L	a Origingo	noulibil
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL				Change	Addition
MME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP		Druste	5.4 CITY			· · · · · · · · · · · · · · · · · · ·	1 01	
FITLE		☐ DELETE	6.1 T(TL)	1		☎ └	Change	☐ Addition
NAME Street Address		•	6.2 NAM	i	12.4	91		
CITY-ST-ZIP				E1 ADDRESS	(C)	7 /		
5111.91.74			6.4 CITY	-31-211	()	/		

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 Sardies. 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. 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 for on an attachment with an address.