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FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051096 (1)

1. Corporation Name
P & P'S HOLE IN ONE, INC.

Principal Place of Business
2979 LANTANA LAKES DR. E
JACKSONVILLE FL 32246

Mailing Address
2979 LANTANA LAKES DR. E
JACKSONVILLE FL 32246-1814



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1996		3a. Date of Last Report N/A	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PITTMAN, CAROL V 2979 LANTANA LAKES DR. E JACKSONVILLE FL 32246				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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		(NOTE: Registered Agent signature required when translating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		14. TITLE		15. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE		1.1 TITLE		PRESIDENT		16. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME		1.2 NAME		CAROL V. PITTMAN		17. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS		1.3 STREET ADDRESS		2979 LANTANA LAKES DR. E.		18. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP		JACKSONVILLE FL 32246		19. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
2.1 TITLE		2.2 NAME		F. JANE PHELPS		20. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		2979 LANTANA LAKES DR. E.		21. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
2.5 CITY-ST-ZIP		3.1 TITLE		JACKSONVILLE FL 32246		22. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
3.2 NAME		3.3 STREET ADDRESS				23. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
3.4 CITY-ST-ZIP		4.1 TITLE				24. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
4.2 NAME		4.3 STREET ADDRESS				25. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
4.4 CITY-ST-ZIP		4.5 CITY-ST-ZIP				26. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
5.1 TITLE		5.2 NAME				27. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP				28. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
5.5 CITY-ST-ZIP		6.1 TITLE				29. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
6.2 NAME		6.3 STREET ADDRESS				30. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
6.4 CITY-ST-ZIP		6.5 CITY-ST-ZIP				31. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	

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:

Carol Pittman

4/28/97

904 232-0805

CR2E034 (9/96)