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May 12 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 # P96000065301 (9)

1. Corporation Name

ADVANTAGE GOLF SYSTEMS, INC.

Principal Place of Business

111 NORTH PEARL STREET #3A
PLANT CITY FL 33566

Mailing Address

111 NORTH PEARL STREET #3A
PLANT CITY FL 33566-4870



3. Date Incorporated or Qualified

08/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 1614 GEORGE JENKINS BLVD

Suite, Apt. #, etc.

22 City & State

23 LAKELAND, FL

Zip

24 33801

Country

25 Polk

2a. Mailing Address

26 1614 GEORGE JENKINS BLVD

Suite, Apt. #, etc.

27 City & State

28 LAKELAND, FL

Zip

29 33801

Country

30 FLK

4. FEI Number

59-3393182

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

MERCER, STEPHEN J
111 NORTH PEARL STREET #3A
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

MERCER, STEPHEN J.

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

1410 EASTON DR.

83

84 City

LAKELAND

FL

85 Zip Code

33803

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 D ☐ DELETE
NAME MERCER, STEPHEN J
STREET ADDRESS 111 NORTH PEARL STREET #3A
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☒ DELETE
NAME GENEVIE, DENNIS M
STREET ADDRESS 2800 GOLFVIEW DRIVE SOUTH
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☒ DELETE
NAME MCELVEEN, SCOTT A
STREET ADDRESS 1212 VICTORIA STREET
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☐ DELETE
NAME RALPH CAMPBELL
STREET ADDRESS 2801 LINTHICUM PL
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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 and typed or printed name of signing officer or director
Stephen J Mercer

Date 4/30/97 Daytime Phone # 941-683-7120

CR2E034 (9/96)