

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000080371 (3)**

1. Corporation Name  
**P.D. GOLF, INC.**



Principal Place of Business  
**125 SOUTH ALCANIZ STREET  
PENSACOLA FL 32501**

Mailing Address  
**PO BOX 12725  
PENSACOLA FL 32575  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/26/1996</b>	
21	<b>601 S. Palafox Street</b>	26		4. FEI Number <b>59-3418654</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State 23 <b>Pensacola, FL</b>		City & State 28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip <b>32501</b>	25	Country	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CARR, JOHN S</b> <del>125 SOUTH ALCANIZ STREET -</del> <b>601 S. Palafox</b> <b>PENSACOLA FL 32501</b> <b>St.</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>601 S. Palafox Street</b> 83 84 City <b>Pensacola, FL</b> 85 Zip Code <b>32501</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, JOHN S</b>	1.2 NAME	
STREET ADDRESS	<b>125 SOUTH ALCANIZ STREET</b>	1.3 STREET ADDRESS	<b>601 S. Palafox Street</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	1.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKELSEN, ERIC J</b>	2.2 NAME	
STREET ADDRESS	<b>C/O BARNETT BK., 100 W GARDEN STREET</b>	2.3 STREET ADDRESS	<b>601 S. Palafox Street</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	2.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENDER, WILLIAM R M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>1717 NORTH E. STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLAK, LEWIS SR.</b>	4.2 NAME	
STREET ADDRESS	<b>3335 CHANTARENE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKENZIE, JAMES F</b>	5.2 NAME	
STREET ADDRESS	<b>905 HATTON STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIN, MADISON B</b>	6.2 NAME	
STREET ADDRESS	<b>4400 BAYOU BOULEVARD, SUITE 12</b>	6.3 STREET ADDRESS	<b>3298 Summit Boulevard, Ste. 27</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	6.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>

14. I 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: *John S. Carr* John S. Carr 4/22/98 (850) 434-2244

CR2E034 (10/97)