

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 21 601 S. Palafox Street Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/26/1996	
22 City & State 23 Pensacola, FL		27 City & State 28		4. FEI Number 59-3418654	
24 Zip 32501		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 32501		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 32501		29 Country		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	

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

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 607.0605, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JOHN S	1.2 NAME	
STREET ADDRESS	125 SOUTH ALCANIZ STREET	1.3 STREET ADDRESS	601 S. Palafox Street
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKELSEN, ERIC J	2.2 NAME	
STREET ADDRESS	C/O BARNETT BK., 100 W GARDEN STREET	2.3 STREET ADDRESS	601 S. Palafox Street
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, WILLIAM R M.D.	3.2 NAME	
STREET ADDRESS	1717 NORTH E. STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLAK, LEWIS SR.	4.2 NAME	
STREET ADDRESS	3335 CHANTARENE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, JAMES F	5.2 NAME	
STREET ADDRESS	905 HATTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIN, MADISON B	6.2 NAME	
STREET ADDRESS	4400 BAYOU BOULEVARD, SUITE 12	6.3 STREET ADDRESS	3298 Summit Boulevard, Ste. 27
CITY-ST-ZIP	PENSACOLA FL 32503	6.4 CITY-ST-ZIP	Pensacola, FL 32503

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

CP2E034 (10/97)