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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

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1. Corporation Name

TEE OFF GOLF, INC.

Principal Place of Business	Mailing Address		, inguitage in the later of the section of the sect		
4565 SCARLET DR	4565 SCARLET DR				
CRESTVIEW FL 32539	CRESTVIEW FL 32539		DO NOT WRITE IN TH	IS SPACE	
US	US				
			3. Date Incorporated or Qualifed		
<u></u>			09/26/1997	- , , , . , , 	
2. Principal Place of Business	2a. Mailing Address	, ,	4. FEI Number	├ ─	pplied For
21	26 40 Bodilee	ing - Gte	APPLIED FOR		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	J	5. Certificate of Status Desired	·	Additional
22	27 Y. O. Box	428			equired
City & State	City & State		6. Election Campaign Financing	\$5.00	· ·
23	28 Shalima	v. TL	Trust Fund Contribution		to Fees
Zip Country	Zip	Country	This corporation owes the current year 1		
24 25		30	Personal Property Tax.	Yes	□No
9 Name and Address of Curren	t Registered Agent	-	10. Name and Address of New Registere	d Agent	
DOMENON CURTE IN		81 Name	TSON STUARTC.		1
BRANNON, CURTIS W		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
12 OLD FERRY RD		456			
SHALIMAR FL 32579		83			1
,		84 City a		. 85 Zip	Code
		06	STDIEW F	Lllaá	2539
11. Pursuant to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its	registered
	2 ding bot . 1000, i tonada bilatata	0, 1110 00010 11211100 00 p	Control 3doning this statement for the purpose		1
office or registered agent, or both, of the state	of Florida Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
	of Florida Such change was au tions of Section 607,0505, Flori	thorized by the corporation da Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE		thorized by the corporation da Statutes. Registered Agent signature requires	d when reinstating) VATE	10/47	
SIGNATURE Signature, typed or parted name of registered agen				10/47	
SIGNATURE Signature, typed or puried name of registered agent	nt and title if applicable (NOTE I	Registered Agent signature requires	d when reinstating) VATE	10/47	
SIGNATURE Signature, typed or plated many of registered agent 12. OFFICERS AN TITLE D	nt and title if applicable (NOTE	Registered Agent signature required 13.	d when reinstating) VATE	AND DIRECTO	DRS IN 12
SIGNATURE Signature, typed or pilled many of registered agent 12. OFFICERS AN TITLE D NAME STETSON, STUART C	nt and title if applicable (NOTE	Registered Agent signature required 13. 11 TITLE 12 NAME	d when reinstating) VATE	AND DIRECTO	DRS IN 12
SIGNATURE Signature, typed or piled many of registered agent 12. OFFICERS AN TITLE D NAME STETSON, STUART C STREET ADDRESS 4565 SCARLET DRIVE	nt and title if applicable (NOTE	13. 13. 11 TITLE 12 NAME 13 STREET ADDRESS	d when reinstating) VATE	AND DIRECTO	DRS IN 12
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14. I hereby certify that the information supplied with this filling 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 of 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 attachase the way as address, with all other like empowered.

6 4 CITY - ST- ZIP

5 4 CITY ST-ZIP

6.3 STREET ADDRESS

6 I TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND T IGNING OFFICER OR DIRECTOR

Change

Addition