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

PROFIT CORPORATION ANNUAL REPORT

1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000072310

1. Corporation Name

PRO GOLF DISCOUNT OF SOUTHWEST FLORIDA, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90125 019 ***150.00



				<u> </u>	
Principal Place	e of Business	Mailing Address			
	TR SOUTH. STE 500	6017 PINE RIDGE RD #240			
BONITA SPRINGS FL 34134		NAPLES FL 34119		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				08/17/1998	
		D- Mailing Address		4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Address	AMI TR SOUT		Not Applicable
21		26 24600 TAM! Suite, Apt. #, etc.	MMI IN DOU	A 31-332111	\$8.75 Additional
Suite, Apt.				5. Certifcate of Status Desired	Fee Required
22 STE		27 STE 500 City & State			
City & Stat	e	BONITA SPA	ungs Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip DONIIA JEK	Country	8. This corporation owes the current year Into	
Zip	[]	· • • • • · · · · · · · · · · · · · · ·		Personal Property Tax.	¥Yes □No
24	25		<u> </u>	10. Name and Address of New Registered	<u> </u>
	9. Name and Address of Cur	rent Registered Agent	81 Name	io. Hallo and Addition of the Manage	
RIGSBY, CHRIS L 24600 TAMIAMI TR SOUTH, STE <i>500</i> BONITA SPRINGS FL 34134					
			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
Don	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			84 City	FL	85 Zip Code
				oration submits this statement for the purpose of	·
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl	igations of, Section 607.0505, Florid	a Statutes.	on's board of directors. I hereby accept the appoin	innent as registered
	Signature, typed or printed name of registered	-0	egistered Agent signature required		ID DIDECTORS IN 12
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	D PTS	☐ DELETE	1.1 TITLE		□ Cilange □ Addition
NAME	RIGSBY, CHRIS L	500	1.2 NAME		
STREET ADDRESS	, =	STE 500	1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP		□ Channe □ Addition
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		المعاش يستنيعه
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
			6.3 STREET ADORESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	i		4.4 40 1.4 01.Fill		

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 an an attachment with an address, with all other like empowered.

SIGNATURE: