

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000018859	
1. Entity Name GOLF DEPOT, INC.	



FILED

04 OCT 25 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

Principal Place of Business 104 MEMORIAL PARKWAY, S.W. FORT WALTON BEACH, FL 32548	Mailing Address 104 MEMORIAL PARKWAY, S.W. FORT WALTON BEACH, FL 32548
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2. Principal Place of Business 19201 PANAMA CITY BEACH Suite, Apt. #, etc. PARKWAY	3. Mailing Address 19201 PANAMA CITY BEACH PKWY Suite, Apt. #, etc.
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City & State PANAMA CITY BEACH, FL	City & State PANAMA CITY BEACH, FL
Zip 32413	Zip 32413
Country	Country

4. FEI Number 56-3565906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERMANN, RICHARD P 25 NE WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548	7. Name and Address of New Registered Agent Name WOLFE, PEGGY S Street Address (P.O. Box Number is Not Acceptable) 19201 PANAMA CITY BEACH PARKWAY City PANAMA CITY BEACH FL Zip Code 32413
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <u>Peggy S. Wolfe</u> PEGGY S. WOLFE	DATE: 10-21-04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAULIFF, EDWARD C 104 MEMORIAL PARKWAY, S.W. FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800042157548 10/25/04--01060--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAULIFF, HELEN M 104 MEMORIAL PARKWAY, S.W. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAULIFF, HELEN M 19201 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAULIFF, EDWARD C JR 104 MEMORIAL PARKWAY, S.W. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAULIFF, EDWARD C JR 19201 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, PEGGY 104 MEMORIAL PARKWAY, S.W. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, PEGGY S 19201 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Peggy S. Wolfe</u> PEGGY S. WOLFE	Date: 10/21/04 850-249-6700