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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06469** 

(8)

CARL'S GOLF SHOP, INC.

NAME

STREET ADDRESS

SIGNATUR

appears in Block 12 or Bl

City-St-ZP

Principal Place of Business Mailing Address 3101 STATE ROAD 580 SUITE D 3101 STATE ROAD 590 SUITE D SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695-4923 3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/1990 09/27/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3033582 Not Applicable 21 26 Suite, Apt. #. etc. Suite. Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees ZiD Country  $2 \varpi$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, JAMES T. 3101 STATE ROAD 580 SUITE D 82 Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR FL 34695 83 84 City **B**5 Zip Code 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 \$69 a rate type of or princed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TIT. F 1.1 TITLE ☐ Change Addition BROWN, JAMES T NAME 1.2 NAME **4806 BAYCREST DR** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL COTY - ST. 7(P) 1.4 CITY-ST-ZIP TD DELETE Addition 2.1 TITLE Change THE BROWN, HELEN B **2.2 NAME** NAME 4806 BAYCREST DR 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP 2. 4 City-ST-ZIP DELETE VD Change Addition THUE 3.1 TITLE COLMORGEN, CARL NAME 3.2 NAME 6507 YOSEMITE DR 3.3 STREET ADDRESS STREET ADORESS TAMPA FL CITY - ST - 7IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE COLMORGEN, MICHELE NAME 4. 2 NAME 6507 YOSEMITE DR 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition ULL 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C(TY - S1 - Z)P DELETE 61 TITLE ☐ Change ☐ Addition THE

62 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

14. I do 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 applial report of 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 nector of nector of nector of nectors are receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

813-744-4770

FILED

Feb 27 1997 8:00am

Secretary of State