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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 24 1997 8:00am  
Secretary of State

DOCUMENT # S09035

(4)

1. Corporation Name

ONE UP GOLF CENTER, INC.



Principal Place of Business

Mailing Address

~~8405 SUNSHINE ST.~~  
~~TAMPA FL 33640~~  
US

8405 SUNSHINE ST.  
TAMPA FL 33640  
US

see below

3. Date Incorporated or Qualified

10/22/1990

3a. Date of Last Report

04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 8405 Sunstate Street

26 8405 Sunstate Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33634

25

29 33634

30

4. FEI Number

59-3035256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, FREDERICK J  
C/O MORRISON, MORRISON & MILLS  
1200 W. PLATT ST., SUITE 100  
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SELLERS, KENNETH L.  
STREET ADDRESS 16709 WINDSOR PARK DR.  
CITY-ST-ZIP LUTZ FL

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME SELLERS, NANCY V.  
STREET ADDRESS 16709 WINDSOR PARK DR.  
CITY-ST-ZIP LUTZ FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SEMBLER, GREGORY S.  
STREET ADDRESS 8898 MAIDSTONE CT.  
CITY-ST-ZIP LARGO FL 34647

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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: X

Signature and typed or printed name of signing officer or director

1/15/96

813/889-7122

CR2E034 (9/96)