

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

**FILED**  
95 JUL 14 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **S11049** (1)

1. Corporation Name  
**BLAST OFF GOLF TEE COMPANY, INC.**

Principal Place of Business: 2517 TAMiami TRl E, STE 6, NAPLES FL 33962 US  
Mailing Address: 522 FIFTH AVENUE, STE 6, MARCO ISLAND FL 33937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1990  
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business: 21 522 Fifth Avenue, Suite, Apt. #, etc. 22  
City & State: 23 Marco Island, FL  
Zip: 24 33937 Country: 25 USA

2a. Mailing Address: 26 522 Fifth Avenue, Suite, Apt. #, etc. 27  
City & State: 28 Marco Island, FL  
Zip: 29 33937 Country: 30 USA

4. FEI Number: 65-0242503 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 (1)(2) Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
DELLECAVE, JOHN C.  
522 5TH AVE.  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

TITLE	PTM
NAME	DELLECAVE, JOHN C.
STREET ADDRESS	522 5TH AVE.
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	VSD
NAME	KRETSCHMER, HEATHER A.
STREET ADDRESS	522 5TH AVE.
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the 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 Heather Kretschmer HEATHER KRETSCHMER 7/11/95 (813) 642-6769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)