FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 6-4-96 B-16702 NC

DOCUMENT # V23059 (1)

1. Corporation Name

GOLF WIND & RAIN SHIELD PRODUCTS, INC.

Principal Place of Business	Mailing Address
36426 U.S. HIGHWAY 19 N. PALN HARBOR FL 34684	36426 U.S. HIGHWAY 19 N. PALN HARBOR FL 34684

3. Date Incorporated or Qualified: 03/23/1992

3a. Date of Last Report: 08/08/1995

4. FEI Number: 59-3114451 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City, & State
24 Zip / 25 County	29 Zip / 30 County

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REESE, MICHAEL K
36426 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

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. Said 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NAGEL, HARRY	
STREET ADDRESS	712 S. MISSOURI AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	☐ DELETE
NAME	REESE, MICHAEL K.	
STREET ADDRESS	36426 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	DP	☐ DELETE
NAME	NAGEL, STEVE	
STREET ADDRESS	905 MARTIN LUTHER KING DR. # 390	
CITY-ST-ZIP	TARPON SPRINGS FL 34684	
TITLE	D	☐ DELETE
NAME	NAGEL, TERRI	
STREET ADDRESS	712 S. MISSOURI AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the applicable requirements of 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 12 or Block 13 if changed, or added to the format with an address.

SIGNATURE: _____ 5/29/96 (813) 942-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — PHONE