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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # V23059 (1)

1. Corporation Name
GOLF WIND & RAIN SHIELD PRODUCTS, INC.

Principal Place of Business	Mailing Address
36426 U.S. HIGHWAY 19 N. PALM HARBOR FL 34684	36426 U.S. HIGHWAY 19 N. PALM HARBOR FL 34684-1330

3. Date Incorporated or Qualified: **03/23/1992**
3a. Date of Last Report: **06/04/1996**

2. Principal Place of Business	2a. Mailing Address
21 510 E. TARPON Ave	26 510 E. TARPON Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TARPON SPRINGS, FL	City & State 28 Tarpon Springs FL
Zip 24 34689 Country 25 USA	Zip 29 34689 Country 30 USA

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
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. 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) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NAGEL, HARRY		1.2 NAME	
STREET ADDRESS	712 S. MISSOURI AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REESE, MICHAEL K.		2.2 NAME	
STREET ADDRESS	36426 US HIGHWAY 19 NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NAGEL, STEVE		3.2 NAME	
STREET ADDRESS	905 MARTIN LUTHER KING DR. # 390		3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34684		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NAGEL, TERRI		4.2 NAME	
STREET ADDRESS	712 S. MISSOURI AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [illegible]