

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V31381** (9)
1. Corporation Name
SPRINGS DRIVING RANGE, INC.



Principal Place of Business: **1760 SOUTH DIMENSIONS TERRACE HOMOSASSA FL 32646**
Mailing Address: **1760 SOUTH DIMENSIONS TERRACE HOMOSASSA FL 32646**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for State, Apt., City, State, Zip, and Country.

3. Date Incorporated or Qualified: **04/17/1992**
3a. Date of Last Report: **06/13/1995**
4. FEI Number: **59-3123667**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: **NEWBERRY, RANDE 1760 SOUTH DIMENSIONS TERR. HOMOSASSA FL 34448**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, 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: *Rande Newberry* (Typed name: RANDE NEWBERRY)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: JENKINS, NEVIN C.	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9394 W YULEE DR	CITY-STATE-ZIP: HOMOSASSA FL	12 NAME:	
TITLE: ST	NAME: NEWBERRY, RANDE	13 STREET ADDRESS:	
STREET ADDRESS: 3130 S CANAL DR.	CITY-STATE-ZIP: PALM HARBOR FL	14 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: FVP	NAME: HENDERSON, JANET	21 TITLE:	
STREET ADDRESS: 1206 SE PARADISE AVE #4	CITY-STATE-ZIP: CRYSTAL RIVER FL	22 NAME:	
TITLE: SVP	NAME: NICHOLS, MARK	23 STREET ADDRESS:	
STREET ADDRESS: 24439 CROOM RD	CITY-STATE-ZIP: BROOKSVILLE FL	24 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	31 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	32 NAME:	
TITLE:	NAME:	33 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	34 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	41 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	42 NAME:	
TITLE:	NAME:	43 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	44 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	51 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	52 NAME:	
TITLE:	NAME:	53 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	54 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	61 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	64 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 secretary or partner 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 attached sheet with an address.

SIGNATURE: *Rande Newberry* RANDE NEWBERRY 352-628-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)