

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:21

DOCUMENT # **V48841** (3)
1. Corporation Name
TINSLEY'S GOLF SHOP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **P.O. BOX 3775 HOMOSASSA SPRINGS FL 34447**
Mailing Address: **P.O. BOX 3775 HOMOSASSA SPRINGS FL 34447**

DO NOT WRITE IN THIS SPACE

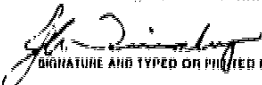
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1992	3a. Date of Last Report 04/20/1994
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 59-3138384	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Zip	29. Zip	30. Zip	5. Certificate of Status Correct <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent TINSLEY, ANSEL 4680 SO BLUEWATER PT HOMOSASSA SPRINGS FL 34448				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	4380 S. Bluewater Pt.
				83. City	
				84. City	FL
				85. Zip Code	

11. Pursuant to the provisions of Sections 607.050, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____
Name of Registered Agent (if not same as 9) (Print Name)
Name of New Registered Agent (if not same as 10) (Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME D TINSLEY, ANSEL	01. NAME	01. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS 4380 S BLUEWATER PT	02. STREET ADDRESS	02. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
03. CITY, ST, ZIP HOMOSASSA SPRINGS FL	03. CITY, ST, ZIP	03. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04. NAME	04. NAME	04. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. STREET ADDRESS	05. STREET ADDRESS	05. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. CITY, ST, ZIP	06. CITY, ST, ZIP	06. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07. NAME	07. NAME	07. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08. STREET ADDRESS	08. STREET ADDRESS	08. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
09. CITY, ST, ZIP	09. CITY, ST, ZIP	09. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. NAME	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, 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 419.07(1)(b), Florida Statutes. I further certify that the information contained 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 in person. 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 or changed, or was an attachment with an address.

SIGNATURE:  **J. Ansel Tinsley, Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-628-2705
Tallahassee, Florida