

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90147 031 \*\*\*150.00

**DOCUMENT # V56317**

1. Corporation Name

**GOLF & APPAREL OUTLET PALM HARBOR, INC.**

Principal Place of Business

23197 US HWY 19 N  
CLEARWATER FL 34625  
US

Mailing Address

23197 US HWY 19 N  
CLEARWATER FL 34625  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/10/1992**

4. FEI Number

**59-3134235**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **9310 U.S. Highway #19, N**

Suite, Apt. #, etc.

22

City & State

23 **Port Richey, Fla. 34688**

Zip

Country

24

25

2a. Mailing Address

26 **9310 U.S. Highway #19, N.**

Suite, Apt. #, etc.

27

City & State

28 **Port Richey, Fla. 34688**

Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M.  
2240 BELLEAIR RD  
STE 160  
CLEARWATER FL 33764

81 Name

82 Street Address (P.O. Box: Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.050(2) 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.

(NONE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ DELETE  
NAME **PITTS, CAROL A.**  
STREET ADDRESS **23197 US HWY 19 N**  
CITY-STATE-ZIP **CLEARWATER FL 34625**

TITLE **PTD** ☐ DELETE  
NAME **PITTS, S L**  
STREET ADDRESS **23197 US HWY 19 N**  
CITY-STATE-ZIP **CLEARWATER FL 34625**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 change, or on an attachment with an address, with all other like empowered

SIGNATURE: **Steven Lee Pitts**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29th 99 727 6692881**

Date

Daytime Phone #

CR2E034 (11/98)