

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V62280 (5)

1. Corporation Name

COUNTY LINE DRIVING RANGE, INC.



Principal Place of Business

9201 COUNTY LINE RD
SPRING HILL FL 34608

Mailing Address

9201 COUNTY LINE RD
SPRING HILL FL 34608

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name
Harold Ketcham

82 Street Address (P.O. Box Number is Not Acceptable)
13154 Lauren Drive

83

84 City
Spring Hill,

FL

85 Zip Code
34609

11. Pursuant to the provisions of Sections 607 (date and 607.001, 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 shall be authorized by the corporation's board of directors, or by a written appointment as registered agent, if a familiar with, and agrees to the provisions of Sections 607, Florida Statutes.

SIGNATURE

Harold Ketcham

DATE

4/8/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ OFFICER
NAME	CASTNER, WILLIAM	
STREET ADDRESS	2400 JOHNSON AVENUE	
CITY, ST, ZIP	RIVERDALE NY 10463	
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ Change ☒ Addition
NAME	Harold Ketcham	
STREET ADDRESS	13154 Lauren Drive	
CITY, ST, ZIP	Spring Hill, FL 34609	
TITLE	S/T	☐ Change ☒ Addition
NAME	John Angelini	
STREET ADDRESS	9201 County Line Rd.	
CITY, ST, ZIP	Spring Hill, FL 34608	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information is given to the best of my knowledge and belief, and I further certify that the information contained in this annual report or supplemental annual report, that I am an officer or director of the corporation, or the registered agent, or both, appears in Block 12 or Block 13 of this report, or on an affidavit filed with this report.

SIGNATURE X

Harold Ketcham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/8/96

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