

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

**APPROVED AND FILED**

**95 MAY -1 AM 9:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J 32992**

1. Corporation Name

Hooker Golf Inc. DBA/ House of Golf

Principal Place of Business

House of Golf/Hooker Golf Inc

Mailing Address

2055 Shepherd Rd.  
Lakeland Fl. 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Sept. 1984

3a. Date of Last Report

March 1994

4. FEI Number

59-2719159

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

2. Principal Place of Business

21 Lakeland Fl. - 2055 Shepherd Rd

2a. Mailing Address

26 2055 Shepherd Rd.

22 Suite Apt # etc

27 Suite Apt # etc

23 City & State Lakeland Florida

28 City & State Lakeland Fl.

24 ZIP 33811

25 U.S.

29 ZIP 33811

30 U.S.

9. Name and Address of Current Registered Agent

John Paul Arkes, Attorney at Law  
5300 South Florida Ave  
P.O. Box 5378  
Lakeland Fl. 33807 - 5378

10. Name and Address of New Registered Agent

B1 Name April Burt  
B2 Street Address (P.O. Box Number is Not Acceptable)  
1820 Mahaffey Circle  
B3  
B4 City Lakeland Fl. FL B5 Zip Code 33811

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

April Burt - (April Burt)

12. OFFICERS AND DIRECTORS

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY, ST, ZIP
President - T	Gregory S. Clark	811 Magnolia Extension #21	Johann City Tn. 37604
Vice President - S	Kent S. Clark	5112 Fernbrook Lane	Lakeland Fl. 33813
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		900001480958	
		-05/09/95--01093--010	
		****200.00	****200.00
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<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.031(a), Florida Statutes. I further certify that the information included 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 5, or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Gregory S. Clark President

4-7-95

(615) 929-8669

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Signature) (Phone)