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Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 515222 (8)  
1. Corporation Name  
SHADY OAK FISH CAMP, INC.



Principal Place of Business: 2984 OLD NEW YORK AVENUE DELAND FL 32720  
Mailing Address: 2984 OLD NEW YORK AVENUE DELAND FL 32720-8835

3. Date Incorporated or Qualified: 09/28/1976  
3a. Date of Last Report: 02/02/1996  
4. FEI Number: 59-1793670  
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. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent  
BAIGA, HAZEL  
2984 OLD NY AVE  
DELAND FL 32720

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: FL 85. 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. Executed with, and in accordance with, the provisions of, Section 607.0505, Florida Statutes

SIGNATURE: *Hazel S. Baiga* DATE: 3-15-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
T	SLOAN, ROBERT L.	OLD NEW YORK AVE BX 2984	DELAND FL	
S	SLOAN, ERVIN W.	1957 W. BLUE SPRINGS AVE.	ORANGE CITY FL	
VP	SLOAN, PRESTON O	OLD NY AVE 2984	DELAND FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Hazel S. Baiga* DATE: 3-4-97  
*Preston O Sloan* DATE: 3-15-97  
904-734-9715  
0065420

CR2E034 (9/96)