

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 23 AM 9:13

DOCUMENT # 719161

(2)

1. Corporation Name

PLANT CITY HUNT CLUB, INC.

Principal Place of Business

Mailing Address

**C/O HARRY S. CARLTON
603 WEST TEVER STREET
PLANT CITY FL 33566**

**C/O HARRY S. CARLTON
603 WEST TEVER STREET
PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1970

3a. Date of Last Report

02/02/1994

4. FEI Number

23-7047896

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLTON, HARRY S
603 W. TEVER ST.
PLANT CITY FL 33566**

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. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRESHAM, JAMES H.
STREET ADDRESS	3402 S. COUNTY LINE RD.
CITY-ST-ZIP	PLANT CITY FL
TITLE	VPD
NAME	CARLTON, HARRY S.
STREET ADDRESS	603 W. TEVER ST.
CITY-ST-ZIP	PLANT CITY FL
TITLE	SD
NAME	CARLTON, BRUCE
STREET ADDRESS	CHARLIE TAYLOR ROAD
CITY-ST-ZIP	PLANT CITY FL
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	SD
3.3 STREET ADDRESS	JERRY H. LESLIE
3.4 CITY-ST-ZIP	523 S. WIGGINS ROAD PLANT CITY, FL 33566
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D
4.3 STREET ADDRESS	DUANE BROCK
4.4 CITY-ST-ZIP	4060 SWINDELL ROAD PLANT CITY, FL 33565
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY S. CARLTON, TREASURER

1/12/95

(813) 752-6757

Date

Telephone #