

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:17

DOCUMENT # 739714 (4)

1. Corporation Name

LAST RESORT FISH CAMP ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ROUTE #2 BOX 644-16 ROUTE #2 BOX 644-16
P.O. BOX 1374 P.O. BOX 1374
LADY LAKE FL 32159 LADY LAKE FL 32159

3. Date Incorporated or Qualified 07/22/1977 3a. Date of Last Report 06/17/1994
4. FEI Number 59-2329962 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 T.O. Box 1374
22 City & State 27 LADY LAKE, FL
23 Zip 24 32158 25 Country 29 LAKE 30 Country

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name DEMEO, VINCENT J.
82 Street Address (P.O. Box Number is Not Acceptable) 7333 CIRCLE DRIVE (P.O. BOX 520)
83 LADY LAKE FL 32159
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TALCOTT, JOHN RFD #10 SANDWICH ROAD PLYMOUTH MA 02360	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D RICHARD HUNT 1347 CIRCLE DR LADY LAKE, FL 32157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AP VINCENT DEMEO P.O. BOX 520 N/A LADY LAKE FL 32159	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURNER, RALPH ROUTE 2, BOX 644-6 N/A 641 LADY LAKE, FL 32159	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOWRY, ROBERT P.O. BOX 1720 N/A LADY LAKE FL 32158	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNETT, RUTH 1712 MORNINGSIDE DRIVE MT. DORA FL 32757	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NATHAN HAWTHORNE ROUTE 2, BOX 644-4 N/A LADY LAKE, FL 32158	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent J. Demeo VINCENT J. DEMEO 5/18/95 AT 904 753 4289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Printed Name)