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**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4:13

**DOCUMENT # 766733 (0)**

1. Corporation Name  
**MILL SWAMP STILL HUNTING CLUB, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 1536 HORSESHOE BEACH HWY. CROSS CITY FL 32628-8536  
P.O. BOX 1536 HORSESHOE BEACH HWY. CROSS CITY FL 32628-8536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/27/1983** 3a. Date of Last Report **03/02/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 P.O. BOX 1536 26 P.O. BOX 1536  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 109 BARBER AVENUE 27 109 BARBER AVENUE  
City & State City & State  
23 CROSS CITY, FL 32628-1536 28 CROSS CITY, FL 32628-1536  
Zip Country Zip Country  
24 32628-1536 25 USA 29 32628-1536 30 USA

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  
LILES, JARRETT H, JR  
HORSHOE BEACH HWY  
P.O. BOX 340  
CROSS CITY FL 32628

10. Name and Address of New Registered Agent  
81 Name **J. DOYLE THOMAS**  
82 Street Address (P.O. Box Number is Not Acceptable) **109 BARBER AVENUE**  
83  
84 City **CROSS CITY** FL 85 Zip Code **32628-1536**

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 *J. Doyle Thomas* **J. DOYLE THOMAS** 2/2/95  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>LILES, JARRETT H., JR.</b>
STREET ADDRESS	<b>P.O. BOX 340 N/A</b>
CITY - ST - ZIP	<b>CROSS CITY FL</b>
TITLE	<b>V</b>
NAME	<b>CARRIER, STANLEY</b>
STREET ADDRESS	<b>RT 2 BOX 442</b>
CITY - ST - ZIP	<b>MICANOPY FL</b>
TITLE	<b>ST</b>
NAME	<b>BARBER, MARTIN C</b>
STREET ADDRESS	<b>P.O. BOX 1146 N/A</b>
CITY - ST - ZIP	<b>CROSS CITY, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>JOHNSON, RONALD A.</b>
STREET ADDRESS	<b>P.O. BOX 415 N/A</b>
CITY - ST - ZIP	<b>CROSS CITY FL</b>
TITLE	<b>D</b>
NAME	<b>PETRIKA, EDDIE</b>
STREET ADDRESS	<b>P.O. BOX 219 N/A</b>
CITY - ST - ZIP	<b>CROSS CITY FL</b>
TITLE	<b>D</b>
NAME	<b>NOAH, ANTHONY C</b>
STREET ADDRESS	<b>P.O. BOX 1853 N/A</b>
CITY - ST - ZIP	<b>CROSS CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>J. DOYLE THOMAS</b>
1.3 STREET ADDRESS	<b>109 BARBER AVENUE</b>
1.4 CITY - ST - ZIP	<b>CROSS CITY, FL 32628-1536</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TIMMY POWELL</b>
2.3 STREET ADDRESS	<b>RT 1 BOX 273-2</b>
2.4 CITY - ST - ZIP	<b>BELL, FL 32619</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DWAYNE ROLLISON</b>
4.3 STREET ADDRESS	<b>P.O. BOX 1436 CYPRESS ST N/A</b>
4.4 CITY - ST - ZIP	<b>CROSS CITY, FL 32628-1436</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Martin C Barber* 2/3/95 (904) 490-3165  
Signature and typed or printed name of signing officer or director Date Expiry Date