

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766733 (0)

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



Principal Place of Business Mailing Address
P O BOX 1536 109 BARBER AVENUE CROSS CITY FL 32628-1536 US

3. Date Incorporated or Qualified 01/27/1983 3a. Date of Last Report 02/07/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 592627042 NOT APPLICABLE	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, J DOYLE 109 BARBER AVENUE P.O. BOX 340 CROSS CITY FL 32628				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, J DOYLE			1.2 NAME			
STREET ADDRESS	109 BARBER AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CROSS CITY FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWELL, TIMMY			2.2 NAME			
STREET ADDRESS	RT 1 BOX 273-2			2.3 STREET ADDRESS			
CITY-ST-ZIP	BELL FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBER, MARTIN C			3.2 NAME			
STREET ADDRESS	P.O. BOX 1146 N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	CROSS CITY, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROLLISON, DWAYNE			4.2 NAME	D FUTCH, RONNIE		
STREET ADDRESS	P O BOX 1436 CYPRESS N/A			4.3 STREET ADDRESS	PO BOX 1603 VALENTINE RD		
CITY-ST-ZIP	CROSS CITY FL			4.4 CITY-ST-ZIP	CROSS CITY, FL 32628		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PETRIKA, EDDIE			5.2 NAME	D HORNE, WAYNE		
STREET ADDRESS	P.O. BOX 219 N/A			5.3 STREET ADDRESS	25401 TRADE W DRIVE		
CITY-ST-ZIP	CROSS CITY FL			5.4 CITY-ST-ZIP	LAND O LAKES, FL 34639		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NOAH, ANTHONY C			6.2 NAME	D LILES, JARRETT		
STREET ADDRESS	P.O. BOX 1853 N/A			6.3 STREET ADDRESS	PO BOX 340 HORSE SHOE RD		
CITY-ST-ZIP	CROSS CITY FL			6.4 CITY-ST-ZIP	CROSS CITY, FL 32628		

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)(f), 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: *Martin C Barber* ST 3/15/96 (352) 498-5184

CR2E037 (12/95)