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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
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 03/20/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27
City & State 23 City & State 28
Zip 24 Country 25 Zip 28 Country 30

4. FEI Number 59-2627042 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

9. Name and Address of Current Registered Agent
THOMAS, J DOYLE
109 BARBER AVENUE
P.O. BOX 340
CROSS CITY FL 32628

10. Name and Address of New Registered Agent
81 Name Sidney J. Mills
82 Street Address (P.O. Box Number is Not Acceptable) 101 Strawberry Lane
83 P O Box 627
84 City Cross City FL 85 Zip Code 32628

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 Sidney J. Mills, President Sidney J. Mills 3/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's name is required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE P THOMAS, J DOYLE [X] DELETE
NAME THOMAS, J DOYLE
STREET ADDRESS 109 BARBER AVENUE
CITY-ST-ZIP CROSS CITY FL
TITLE V POWELL, TIMMY [X] DELETE
NAME POWELL, TIMMY
STREET ADDRESS RT 1 BOX 273-2
CITY-ST-ZIP BELL FL
TITLE ST BARBER, MARTIN C [] DELETE
NAME BARBER, MARTIN C
STREET ADDRESS P.O. BOX 1146 N/A
CITY-ST-ZIP CROSS CITY, FL 00000
TITLE D FUTCH, RONNIE [] DELETE
NAME FUTCH, RONNIE
STREET ADDRESS P.O. BOX 1603 VALENTINE ROAD
CITY-ST-ZIP CROSS CITY FL
TITLE D HORNE, WAYNE [] DELETE
NAME HORNE, WAYNE
STREET ADDRESS 25401 TRADE W DRIVE
CITY-ST-ZIP LAND-O-LAKES FL
TITLE D LILES, JARRETT [] DELETE
NAME LILES, JARRETT
STREET ADDRESS P.O. BOX 340 HORSESHOE ROAD
CITY-ST-ZIP CROSS CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P [] Change [X] Addition
12 NAME Sidney J. Mills
13 STREET ADDRESS 101 Strawberry Lane
14 CITY-ST-ZIP Cross City, FL 32628
21 TITLE V [] Change [X] Addition
22 NAME Franklin D. McInnis
23 STREET ADDRESS Horseshoe Road
24 CITY-ST-ZIP Cross City, FL 32628
31 TITLE [] Change [] Addition
32 NAME [] Change [] Addition
33 STREET ADDRESS [] Change [] Addition
34 CITY-ST-ZIP [] Change [] Addition
41 TITLE [] Change [] Addition
42 NAME [] Change [] Addition
43 STREET ADDRESS [] Change [] Addition
44 CITY-ST-ZIP [] Change [] Addition
51 TITLE [] Change [] Addition
52 NAME [] Change [] Addition
53 STREET ADDRESS [] Change [] Addition
54 CITY-ST-ZIP [] Change [] Addition
61 TITLE [] Change [] Addition
62 NAME [] Change [] Addition
63 STREET ADDRESS [] Change [] Addition
64 CITY-ST-ZIP [] Change [] 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sidney J. Mills, President Sidney J. Mills 3/20/97 352 498-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011630

CR2E037 (9/96)