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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90075 022 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 766733**

1. Corporation Name

**MILL SWAMP STILL HUNTING CLUB, INC.**

161085 - 90075 - 22

Principal Place of Business

P O BOX 1536  
 109 BARBER AVENUE  
 CROSS CITY FL 32628-1536  
 US

Mailing Address

P O BOX 1536  
 109 BARBER AVENUE  
 CROSS CITY FL 32628-1536  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/27/1983

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

9. Name and Address of Current Registered Agent

MILLS, SIDNEY J.  
 101 STRAWBERRY LANE  
 P.O BOX 627  
 CROSS CITY FL 32628

10. Name and Address of New Registered Agent

81 Name **MCINNIS, FRANKLIN D**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**PO BOX 2022**  
 83 **HORSESHOE ROAD**  
 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 *Franklin D. McInnis*

3/11/99

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	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, SIDNEY J.	
STREET ADDRESS	101 STRAWBERRY LANE	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCINNIS, FRANKLIN D.	
STREET ADDRESS	HORSESHOE ROAD	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARBER, MARTIN C	
STREET ADDRESS	P.O. BOX 1146 N/A	
CITY-ST-ZIP	CROSS CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTCH, RONNIE	
STREET ADDRESS	P.O. BOX 1603 VALENTINE ROAD	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORNE, WAYNE	
STREET ADDRESS	25401 TRADE W DRIVE	
CITY-ST-ZIP	LAND-O-LAKES FL	
TITLE	D	<input type="checkbox"/> 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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCINNIS, FRANKLIN D	
1.3 STREET ADDRESS	HORSESHOE ROAD	
1.4 CITY-ST-ZIP	CROSS CITY, FL 32628	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *Franklin D. McInnis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 498-5854  
 Date Daytime Phone #

CR2E037 (1/198)