

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H68932 (3)**  
1. Corporation Name  
**MUDBONE HUNT CLUB, INC.**



Principal Place of Business <b>7001 W. LANTANA ROAD LAKEWORTH FL 33467 US</b>	Mailing Address <b>POST OFFICE BOX 5473 LAKEWORTH FL 33466-5473 US</b>
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2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 <b>P.O. Box 540085</b>
22 City & State	27 City & State <b>LAKE WORTH FL</b>
23 Zip	28 Zip <b>33454-0085</b>
24 Country	29 Country

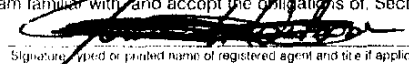
3. Date Incorporated or Qualified <b>07/30/1985</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-2563369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCCOLLUM, JAMES F.  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITWORTH, JOHN I.</b>	
STREET ADDRESS	<b>3926 SHERWOOD BLVD</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>HALEY, VALJEAN</b>	
STREET ADDRESS	<b>10932 GLENEAGLES ROAD</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DUBOSE, JAMES E.</b>	
STREET ADDRESS	<b>PO BOX 1852 NA</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:  - **JAMES E. DUBOSE V.D.** Date: **3/27/97** Daytime Phone #: **1-905-544-0530**

CR2E034 (9/96)