

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N35323 (7)
 1. Corporation Name
OCHESSEE SPORTSMAN CLUB, INC.

Principal Place of Business: **RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424**
 Mailing Address: **RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1989	3a. Date of Last Report 08/11/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARFIELD, BENNY E. RT. 2, BOX 733R COUNTY ROAD 194 BLOUNTSTOWN FL 32424		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	D MOLTON, LAMAR P.O. BOX N/A SNEADS FL		
	D BARFIELD, PHILLIP RT. 2, BOX 97 ALTHA FL		
	D BAZZELL, JOE L. P.O. BOX 46, HWY 274E BLOUNTSTOWN FL		D Wade McClamme POB 723 Sneads, FL 32460
	D TRICKEY, ALLEN HWY 274W ALTHA FL		
	D VARNUM, JIMMY, SR. RT. 2, BOX 83 ALTHA FL		D Joel W Davis 2357 Hummingbird Dr Marianna, FL 32446
	D BARFIELD, BENNY RT. 2, BOX 733R BLOUNTSTOWN FL		

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)(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 address

SIGNATURE: Benny E. Barfield Date: 8-7-96 Daytime Phone #: 904-674-4524

CR2E037 (3/96)