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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N36414** (3)
1. Corporation Name
BLUEBRANCH HUNTING CLUB, INC.

Principal Place of Business Mailing Address
131 GLOVER ROAD CENTURY FL 32535

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1990** 3a. Date of Last Report **04/20/1994**
4. FEI Number **NOT APPLICABLE** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible taxes under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 **140 ELSIE DAVIS Rd.** 25 **140 ELSIE DAVIS Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **CENTURY Fla.** 26 **CENTURY Fla.**
Zip Country Zip Country
24 **32535** 25 **Escambia** 29 **32535** 30 **Escambia**

9. Name and Address of Current Registered Agent
GODWIN, FRANK
131 GLOVER ROAD
CENTURY FL 32535

10. Name and Address of New Registered Agent
81 Name **GERALD W. GODWIN**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **140 ELSIE DAVIS Rd.**
84 City **CENTURY Fla.** 85 Zip Code **32535**

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, 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 607.0505, Florida Statutes.

SIGNATURE: Herald W. Godwin
Signature of present or former registered agent and title if applicable

2-21-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GODWIN, FRANK
STREET ADDRESS	131 GLOVER ROAD
CITY - ST - ZIP	CENTURY FL
TITLE	PD
NAME	DIXON, ELMER
STREET ADDRESS	RT. 1 BOX 153A
CITY - ST - ZIP	CENTURY FL
TITLE	STD
NAME	MACKS, JOE EDDIE
STREET ADDRESS	5900 C.W. CARAWAY RD.
CITY - ST - ZIP	CENTURY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SCARDEN JUDSON	
13 STREET ADDRESS	ROUTE 2 BOX 116	
14 CITY - ST - ZIP	BIOMATON FLA 36441	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GODWIN GERALD W.	
33 STREET ADDRESS	140 ELSIE DAVIS Rd.	
34 CITY - ST - ZIP	CENTURY Fla. 32535	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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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 110.07(4)(b), 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: Herald W. Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-904
2/21/95 256-4214
Date Register Fee

RC