


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001582 (4)**  
 1. Corporation Name  
**THREE RIVERS HUNTING CLUB, INC.**



Principal Place of Business <b>*PERRY CARLTON          RT 5, BOX 614-2          PERRY FL 32347</b>	Mailing Address <b>*PERRY CARLTON          RT 5, BOX 614-2          PERRY FL 32347-9382</b>
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3. Date Incorporated or Qualified <b>04/05/1995</b>	3a. Date of Last Report <b>03/07/1996</b>
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2. Principal Place of Business <b>21 THREE RIVERS Hunting Club</b> Suite, Apt. #, etc. <b>22 PO Box 1340</b> City & State <b>23 Perry, Fl.</b> Zip Country <b>24 32348 25 Taylor</b>	2a. Mailing Address <b>26 PO Box 1340</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Perry, Fl.</b> Zip Country <b>29 32348 30 Taylor</b>
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4. FEI Number <b>59-3329277</b>	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CARLTON, PERRY A  
 RT 5, BOX 614-2  
 PERRY FL 32347**

10. Name and Address of New Registered Agent

81 Name <b>Jody Courtney</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Rt. 1 Box 1101-A</b>
83
84 City <b>Perry</b>
85 Zip Code <b>FL 32347</b>

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 Jody Courtney (Director) DATE 4-16-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>BRANNEN, YANCIE</b>	
STREET ADDRESS <b>RT 3, BOX 402</b>	
CITY-ST-ZIP <b>PERRY FL 32347</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>CARLTON, PERRY A</b>	
STREET ADDRESS <b>RT 5, BOX 614-2</b>	
CITY-ST-ZIP <b>PERRY FL 32347</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>MURPHY, KIM</b>	
STREET ADDRESS <b>129 PINE TREE ROAD</b>	
CITY-ST-ZIP <b>PERRY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SMITH, JIMMY</b>	
STREET ADDRESS <b>PO BOX 521 N/A</b>	
CITY-ST-ZIP <b>PERRY FL 32347</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>STEPHENS, LAMAR</b>	
STREET ADDRESS <b>PO BOX 181 N/A</b>	
CITY-ST-ZIP <b>PERRY FL 32347</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ANDREWS, HUBERT</b>	
STREET ADDRESS <b>RT 5, BOX 608</b>	
CITY-ST-ZIP <b>PERRY FL 32347</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Hubert Andrews</b>	
1.3 STREET ADDRESS <b>Rt. 5 Box 608</b>	
1.4 CITY-ST-ZIP <b>Perry, Fl 32347</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>ESTON HENDRY</b>	
2.3 STREET ADDRESS <b>112 PACE DRIVE</b>	
2.4 CITY-ST-ZIP <b>Perry, Fl 32347</b>	
3.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Jody Courtney</b>	
3.3 STREET ADDRESS <b>Rt. 1 Box 1101-A</b>	
3.4 CITY-ST-ZIP <b>Perry, Fl 32347</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>BYRAN BETHA</b>	
4.3 STREET ADDRESS <b>Rt. 3 Box 487</b>	
4.4 CITY-ST-ZIP <b>Perry, Fl 32347</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Jimmy Smith</b>	
5.3 STREET ADDRESS <b>PO BOX 521 N/A</b>	
5.4 CITY-ST-ZIP <b>Perry, Fl 32348</b>	
6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Jimmy SAULS</b>	
6.3 STREET ADDRESS <b>Rt. 1 Box 459</b>	
6.4 CITY-ST-ZIP <b>Perry, Fl 32347</b>	

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: William J. Smith Jody Courtney DATE 4-16-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)