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Jan 27, 1999 8:00am  
Secretary of State

NONPRGEIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001582**

1. Corporation Name  
**THREE RIVERS HUNTING CLUB, INC.**

Principal Place of Business <b>TREE RIVERS HUNTING CLUB P.O. BOX 1340 PERRY FL 32348 US</b>	Mailing Address <b>P.O. BOX 1340 PERRY FL 32348 US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>04/05/1995</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3329277</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COURTNEY, JODY HUNTING CLUBS, INC. RT. 1, BOX 1101-A PERRY FL 32347</b>		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 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 DATE: 1-6-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALHOUN, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 111</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLTON, PERRY</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 5, BOX 614-2</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURTNEY, JODY</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 1101-A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETHEA, BYRAN</b>	4.2 NAME	
STREET ADDRESS	<b>RT. 3, BOX 487</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURTNEY, JODY</b>	5.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 1101-A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAULS, JIMMY</b>	6.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 459</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL</b>	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: Jody Courtney **SIGNATURE REQUIRED** DATE: 1-6-99 DAYTIME PHONE #: 850-584-1308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)