FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90019 032 ****61.25

DOCUMENT # N9700003964

1. Corporation Name

CLAY HILL HUNTING CLUB II, INC.						22-000 0012-25				
Principal Place of Business	Mailing Address									
5780 COUNTY RD. 218 JACKSONVILLE FL 32234	5780 COUNTY RD. 218 JACKSONVILLE FL 32234									
Principal Place of Business 1	2a. Mailing Addr					Date Incorporated or Qualifed 07/10/1997				
Suite, Apt. #, etc.	Suite, Apt. #.	etc.			4.	FEI Number		Applied For		
22	27					59-346 1693	j	Not Applicable		
City & State	City & State				5.	Certifcate of Status Desired	•	.75 Additional ee Required		
Zip Country	Zip	Co	untry		6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be		
9. Name and Address of Cu		15-1	T		10.	Name and Address of New Registere	d Agen			
			81	Name						
PERSONS, ROBERT B JR.			82	Street Addres	ress (P.O. Box Number is Not Acceptable)					
2215 S. 3RD ST., STE. 101 JACKSONVILLE BEACH FL 32250			83		_					
			84	City	_	F	85	Zip Code		

its registered registered

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF								
TITLE	D DELETE	1.1 TITLE	RAY Cruce.	Change ☐ Addition ☐							
NAME	CARTER, JAMES	1.2 NAME		}							
STREET ADDRESS	5780 COUNTY RD. 218	1.3 STREET ADDRESS	l ~ ~.1	/							
CITY-ST-ZIP	JACKSONVILLE FL 32234	1.4 CITY-ST-ZIP	JAY 718 32234								
TITLE	D DELETE	2.1 TITLE	Fred Williams	☑ Change ☐ Addition							
NAME	HARVEY, ARNOLD	2.2 NAME	LONG RYANCH Rel								
STREET ADDRESS	1568 LOUIE CARTER RD.	2.3 STREET ADDRESS	22 - 22 - 21	ł							
CITY-ST-ZIP	JACKSONVILLE FL 32234	2.4 CITY-ST-ZIP	JAY 710 32254								
TITLE	D DELETE	3.1 TITLE		☐ Change ☐ Addition							
NAME	REEVES, HERMAN E	3.2 NAME		{							
STREET ADDRESS	8583 LAKE MARIETTA DR. S.	3.3 STREET ADDRESS		ļ							
CITY-ST-ZIP	JACKSONVILLE FL 32220	3.4. CITY-ST-ZIP									
TILE	D	4.1 TITLE		Change Addition							
NAME	WALLACE, DAVID	4.2 NAME									
STREET ADDRESS	1108 RICHARD LANG RD.	4.3 STREET ADDRESS	,	}							
CITY-ST-ZIP	JACKSONVILLE FL 32234	4.4 CITY-ST-ZIP									
TITLE	D DELETE	5.1 TITLE		☐ Change ☐ Addition							
NAME	HOBBS, RICHARD	5.2 NAME									
STREET ADDRESS	6143 OLD CARTER ROAD	5.3 STREET ADDRESS									
CITY-ST-ZIP	JACKSONVILLE FL 32234	5.4 CITY-ST-ZIP									
TITLE	D	6.1 TITLE		Change Addition							
NAME	LUCAS, JACK J	6.2 NAME									
STREET ADDRESS	5831 ROCKHAMMER COURT	6.3 STREET ADDRESS	1								
CITY, ST. 7ID	JACKSONVILLE EL 32234	6.4 CITY-ST-ZIP									

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 eq an attachment with an address, with all other like empowered.

SIGNATURE:

5-5-99

904-289-7734