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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P08075 (4)

1. Corporation Name

HOMOSASSA FISHING CLUB OF GEORGIA, INC.

Principal Place of Business	Mailing Address
% EDWARD J. HAWIE 191 PEACHTREE STREET. SUITE 4900 ATLANTA GA 30303	C/O F. B. MEWBORN, II 2195 NORCROSS TUCKER ROAD NORCROSS GA 30071 US

3. Date Incorporated or Qualified: 11/13/1985
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O F. B. Mewborn II	26 C/O Kendall J. Zeliff, Jr.
Suite, Apt. #, etc. 22 2195 Norcross Tucker Road	Suite, Apt. #, etc. Suite 2050 27 1100 Peachtree Street, NE
City & State 23 Norcross, GA 30071	City & State 28 Atlanta, GA
Zip / Country 24 30071 / 25 USA	Zip / Country 29 30309-4520 / 30 USA

4. FEI Number: 58-0599447 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STILLWELL, CLARK A BRANNEN, STILLWELL & PERRIN, P.A. 320 US HWY 41 SOUTH INVERNESS FL 32650	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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C ATTRIDGE, BYRON 191 PEACHTREE STREET, SUITE 4900 ATLANTA GA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C Edward J. Hawie 191 Peachtree Street, Suite 4900 Atlanta, GA 30303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAWIE, EDWARD J. 191 PEACHTREE STREET, SUITE 4900 ATLANTA GA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P F. B. Mewborn II 2195 Norcross Tucker Road Norcross, GA 30071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MEWBORN, F. B. I 2195 NORCROSS TUCKER ROAD NORCROSS GA	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP Ralph Williams, Jr. 1201 West Peachtree Atlanta, GA 30309-3424	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CRAFT, FRANK M. 2741 ATWOOD RD ATLANTA GA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	ST Kendall J. Zeliff, Jr. 1100 Peachtree Street, NE Suite 2050 Atlanta, GA 30309-4520	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHMOND, LEA 755 MT. VERNON HWY STE 520 ATLANTA GA	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Peter Kelly Kintz 305 Buckhead Avenue, NE Atlanta, GA 30305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRIBLING, J. YANCEY 245 CAMDEN ROAD NE ATLANTA GA	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Kendall J. Zeliff, Jr. 1/19/96 404-873-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #