SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
C/O F.B. MEWBORN II 2195 NORCROSS TUCKER RD. NORCROSS GA 30071 US	C/O KENDALL J. ZELIFF, JR. 1100 PEACHTREE ST. NE. SUITE 2050 ATLANTA GA 30309-4520 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1985	3a. Date of Last Report: 01/25/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EDWARD J. HAWIE		1.2 NAME	
STREET ADDRESS	191 PEACHTREE ST., SUITE 4900		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	F.B. MEWBORN II		2.2 NAME	
STREET ADDRESS	2195 NORCROSS TUCKER RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RALPH WILLIAMS, JR.		3.2 NAME	
STREET ADDRESS	1201 WEST PEACHTREE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENDALL J. ZELIFF, JR.		4.2 NAME	
STREET ADDRESS	1100 PEACHTREE ST., NE, SUITE 2050		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PETER KELLY KINTZ		5.2 NAME	
STREET ADDRESS	305 BUCKHEAD AVENUE, NE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STRIBLING, J. YANCEY		6.2 NAME	
STREET ADDRESS	245 CAMDEN ROAD NE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

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: SIGNATURE REQUIRED 7-22-97 404-873-2511