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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P08075** (4)

1. Corporation Name

HOMOSASSA FISHING CLUB OF GEORGIA, INC.

Principal Place of Business
**C/O F.B. MEWBORN II
2195 NORCROSS TUCKER RD.
NORCROSS GA 30071
US**

Mailing Address
**C/O KENDALL J. ZELIFF, JR.
1100 PEACHTREE ST. NE, SUITE 2050
ATLANTA GA 30309-4520
US**

3. Date Incorporated or Qualified

11/13/1985

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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 OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE
NAME **EDWARD J. HAWIE**
STREET ADDRESS **191 PEACHTREE ST., SUITE 4900**
CITY-ST-ZIP **ATLANTA GA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **F.B. MEWBORN II**
STREET ADDRESS **2195 NORCROSS TUCKER RD.**
CITY-ST-ZIP **NORCROSS GA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **RALPH WILLIAMS, JR.**
STREET ADDRESS **1201 WEST PEACHTREE**
CITY-ST-ZIP **ATLANTA GA**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VP**
3.3 STREET ADDRESS **Mr. Lindsey Hopkins, III**
3.4 CITY-ST-ZIP **550 Pharr Road, Suite 225**
Atlanta, GA 30327

TITLE **ST** ☐ DELETE
NAME **KENDALL J. ZELIFF, JR.**
STREET ADDRESS **1100 PEACHTREE ST., NE, SUITE 2050**
CITY-ST-ZIP **ATLANTA GA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PETER KELLY KINTZ**
STREET ADDRESS **305 BUCKHEAD AVENUE, NE**
CITY-ST-ZIP **ATLANTA GA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **STRIBLING, J. YANCEY**
STREET ADDRESS **245 CAMDEN ROAD NE**
CITY-ST-ZIP **ATLANTA GA**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **John P. Turman, Jr.**
6.4 CITY-ST-ZIP **1190 Brookhaven Park Place**
Atlanta, GA 30319

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.

SIGNATURE: *[Signature]* **FILED**

1/12/98

404-873-2211

CR2E037 (10/97)