

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90036 045 \*\*\*\*61.25

0081083

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P08075

1. Corporation Name  
HOMOSSA 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-0599447	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EDWARD J. HAWIE		1.2 NAME	F.B. Mewborn II			
STREET ADDRESS	191 PEACHTREE ST., SUITE 4900		1.3 STREET ADDRESS	2195 Norcross Tucker RD			
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Norcross GA 30071			
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	F.B. MEWBORN II		2.2 NAME	Kendall J. Zeliff, Jr.			
STREET ADDRESS	2195 NORCROSS TUCKER RD.		2.3 STREET ADDRESS	1100 Peachtree ST NE Suite 2050			
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	Atlanta, GA 30309-4520			
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOPKINS, LINDSEY I		3.2 NAME				
STREET ADDRESS	550 PHARR ROAD, SUITE 225		3.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30327		3.4 CITY-ST-ZIP				
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KENDALL J. ZELIFF, JR.		4.2 NAME	Ralph Williams, Jr			
STREET ADDRESS	1100 PEACHTREE ST., NE, SUITE 2050		4.3 STREET ADDRESS	1201 West Peachtree Street			
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, GA 30309			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURMAN, JOHN P JR		6.2 NAME				
STREET ADDRESS	1190 BROOKHAVE PARK PLACE		6.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30319		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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: June 2, 1999 DAYTIME PHONE #: (404) 881-7658

CR2E037 (11/98)