
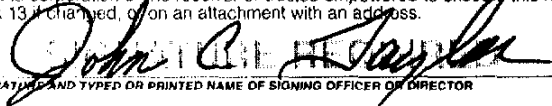


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 173712 (1) 1. Corporation Name PERRY GOLF AND COUNTRY CLUB INC THE					
Principal Place of Business GOLF COURSE ROAD P.O. BOX 908 PERRY FL 32347			Mailing Address GOLF COURSE ROAD P.O. BOX 908 PERRY FL 32348-0908		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		
9. Name and Address of Current Registered Agent GRANT, DONALD 100 PINE TREE ROAD PERRY FL 32347			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	DYAL, PAUL		1.1 TITLE	Change Addition	
STREET ADDRESS	418 N. WASHINGTON		1.2 NAME		
CITY-ST-ZIP	PERRY FL		1.3 STREET ADDRESS		
TITLE	VP	DELETE	1.4 CITY-ST-ZIP		
NAME	TAYLOR, JOHN C.		2.1 TITLE	VP	
STREET ADDRESS	311 N. WILDER ST.		2.2 NAME	MARK PELT	
CITY-ST-ZIP	PERRY FL		2.3 STREET ADDRESS	RTE 10 BOX 918	
TITLE	T	DELETE	2.4 CITY-ST-ZIP	LAKE CITY, FL 32025	
NAME	TOWNSON, THOMAS		3.1 TITLE	Change Addition	
STREET ADDRESS	ROUTE 5 BOX 348		3.2 NAME		
CITY-ST-ZIP	PERRY FL		3.3 STREET ADDRESS		
TITLE	S	DELETE	3.4 CITY-ST-ZIP		
NAME	DICKEY, MARCUS		4.1 TITLE	SEC/TREAS	
STREET ADDRESS	251 HELEN ST.		4.2 NAME	JOHN C. TAYLOR	
CITY-ST-ZIP	PERRY FL		4.3 STREET ADDRESS	311 N. WILDER ST.	
TITLE		DELETE	4.4 CITY-ST-ZIP	PERRY, FL 32347	
NAME			5.1 TITLE	Change Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	Change Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  904-5846662					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)