FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **365554** **(5)**

1. Corporation Name

DUNN'S CREEK FISHING RESORT, INC.

Principal Place of Business

STAR RT 3 BOX 1497
SATSAMA FL 32189

Mailing Address

STAR RT 3 BOX 1497
SATSAMA FL 32189

3. Date Incorporated or Qualified: **06/11/1970**

3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1293000** 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

NETTLES,THOMAS T
STAR RT. 3, BOX 1497
SATSUMA FL 32189

10. Name and Address of New Registered Agent

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 Section 607.0501 and 607.0505, 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

P	P NETTLES, THOMAS T STAR RT. 3, BOX 1497 SATSUMA, FL 00000	[ ] DELETE
ST	ST NETTLES, MARY L STAR RT. 3, BOX 1497 SATSUMA, FL 00000	[ ] DELETE
		[ ] DELETE
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		[ ] DELETE
		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	[ ] Change [ ] Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	[ ] Change [ ] Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	[ ] Change [ ] Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	[ ] Change [ ] Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	[ ] Change [ ] Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, complete, and does not qualify for the exemption stated in Section 119.07(3)(o), Florida Statutes. Further, I have read the statement in Section 817.155, Florida Statutes, and I understand that the filing of 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 of Changes to Officers and Directors with an addition.

SIGNATURE: Thomas T. Nettles 1-17-96 325-2772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

Thomas T. Nettles (Pres.)