SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 11 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 695431 (7)

1. Corporation Name
FLATWOODS HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 105 BRANFORD FL 32008-6998	RT. 1 BOX 105 BRANFORD FL 32008-6998

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 Rt. 2 Box 70
22 Suite, Apt. #, etc.
23 City & State: Mayo, FL
24 Zip: 32066
25 Country: Lafayette

2a. Mailing Address
26 Rt. 2 Box 70
27 Suite, Apt. #, etc.
28 City & State: Mayo, FL
29 Zip: 32066
30 Country: Lafayette

4. FEI Number: NOT APPLICABLE ☐ 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHAW, MICHAEL
TAR ST
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name: William E. Shows
82 Street Address (P.O. Box Number is Not Acceptable)
83 Rt. 2 Box 70
84 City: Mayo FL 05 Zip Code: 32066

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: [signature] William E. Shows 7-5-95
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	STD	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	SHAW, MICHAEL	1.2 NAME	William E. Shows	
STREET ADDRESS	PO BOX 357 N/A	1.3 STREET ADDRESS	Rt. 2 Box 70 N/A	
CITY-ST-ZIP	MAYO FL	1.4 CITY-ST-ZIP	Mayo, FL 32066	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	COLLINS, GERALD	2.2 NAME	Owen Pearson	
STREET ADDRESS	RT 2 BOX 62	2.3 STREET ADDRESS	P. O. Box 404 N/A	
CITY-ST-ZIP	BRAFORD FL 32008	2.4 CITY-ST-ZIP	Mayo, FL 32066	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOOPER, BEN	3.2 NAME	Jack Barnhill N/A	
STREET ADDRESS	3583 GRASSEY RIDE DR	3.3 STREET ADDRESS	11601 Shark Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32226	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] William E. Shows 7-5-95 364-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182360 FF