


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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 695431 (7) 1. Corporation Name FLATWOODS HUNTING CLUB, INC.		



Principal Place of Business RT 2 BOX 70 MAYO FL 32066 US	Mailing Address RT 2 BOX 70 MAYO FL 32066 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/20/1981	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7. Additional Fee Required \$8.75		5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent SHOWS, WILLIAM E RT 2 BOX 70 MAYO FL 32066				10. Name and Address of New Registered Agent 81 Name Owen Pearson 82 Street Address (P.O. Box Number is Not Acceptable) S.E. Circle Drive 83 P.O. Box 404 84 City Mayo FL 85 Zip Code 32066			
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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 *Owen Pearson* Owen Pearson 4-10-98
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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOWS, WILLIAM E			1.2 NAME	Owen Pearson		
STREET ADDRESS	RT 2 BOX 70			1.3 STREET ADDRESS	S.E. Circle Dr. P.O. Box 404		
CITY-ST-ZIP	MAYO FL			1.4 CITY-ST-ZIP	MAYO, FL. 32066		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Tommy Pearson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARSON, OWEN			2.2 NAME	Rt 2 Box 443		
STREET ADDRESS	P O BOX 404 NA			2.3 STREET ADDRESS	MAYO, FL. 32066		
CITY-ST-ZIP	MAYO FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNHILL, JACK			3.2 NAME	Jerry Livingston		
STREET ADDRESS	11801 SHARK RD			3.3 STREET ADDRESS	P.O. Box 46		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	MAYO, FL. 32066		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Owen Pearson* Owen Pearson 4-10-98

CR2E034 (10/97)