

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90008 004 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 695431**

1. Corporation Name

FLATWOODS HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

RT 2 BOX 70  
MAYO FL 32066  
US

RT 2 BOX 70  
MAYO FL 32066  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1981

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 P.O. Box 404 (NA)

23 City & State

23 Mayo FL

24 Zip

24 32066

Country

25 Lafayette

2a. Mailing Address

26

Suite, Apt. #, etc.

27 P.O. Box 404

28 City & State

28 Mayo FL

29 Zip

29 32066

Country

30 Lafayette

9. Name and Address of Current Registered Agent

OWEN PEARSON  
S.E. CIRCLE DR  
P O BOX 404  
MAYO FL 32066

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 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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-99

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME OWEN PEARSON

STREET ADDRESS SE CIRCLE DR P O BOX 404 N/A

CITY-ST-ZIP MAYO FL 32066

TITLE PD ☒ DELETE

NAME TOMMY PEARSON

STREET ADDRESS RTE 2 BOX 443 N/A

CITY-ST-ZIP MAYO FL 32066

TITLE VD ☐ DELETE

NAME JERRY LIVINGSTON

STREET ADDRESS P O BOX 46 N/A

CITY-ST-ZIP MAYO FL 32066

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD  
Matt Pearson

R+2 BOX 168

MAYO, Florida, 32066

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, with all other like empowered.

SIGNATURE:

*Owen Pearson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-99

(850) 584-1667

CR2E034 (11/98)