

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701959 (9)

1. Corporation Name

JACKSON COUNTY SPORTSMENS' CLUB, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:24

Principal Place of Business

2060 THIRD AVENUE
SNEADS FL 32460

Mailing Address

2060 THIRD AVENUE
SNEADS FL 32460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1961	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2869528	Applied For Not Applicable

2. Principal Place of Business 21. 6986 Peacock Lp. Suite, Apt. #, etc. 22. Grand Ridge, FL City & State 23. 32442 Jackson Zip Country	2a. Mailing Address 26. 6986 Peacock Lp. Suite, Apt. #, etc. 27. Grand Ridge, FL City & State 28. 32442 Jackson Zip Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FOLSOM, J.D.
RT. 2, BOX 387
GRAND RIDGE FL 32442

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

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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BARRY, ERNEST	1.2 NAME	McIntosh, Gary
STREET ADDRESS	6986 PEACOCK LOOP	1.3 STREET ADDRESS	7498 Old US 90 N.
CITY- ST- ZIP	GRAND RIDGE FL 32442	1.4 CITY- ST- ZIP	Sneads, FL 32460
TITLE	SD	2.1 TITLE	SD ☐ Change ☐ Addition
NAME	MCALPIN, RUSSEL	2.2 NAME	McAlpin, Russell
STREET ADDRESS	P.O. BOX 501, N/A	2.3 STREET ADDRESS	P.O. Box 501, N/A
CITY- ST- ZIP	SNEADS FL 32460	2.4 CITY- ST- ZIP	Sneads, FL 32460
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	HILTON, CLAUDE K	3.2 NAME	Barry, Ernest
STREET ADDRESS	2060 THIRD AVE	3.3 STREET ADDRESS	6986 Peacock Lp.
CITY- ST- ZIP	SNEADS FL 32460	3.4 CITY- ST- ZIP	Grand Ridge, FL 32442
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	MCDANIEL, GARY	4.2 NAME	Cook, AL
STREET ADDRESS	P.O. BOX 393 N/A	4.3 STREET ADDRESS	P.O. Box 393 N/A
CITY- ST- ZIP	SNEADS FL 32460	4.4 CITY- ST- ZIP	Sneads, FL 32460
TITLE	NA	5.1 TITLE	NA ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	NA	6.1 TITLE	NA ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 118.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernest Barry ERNEST BARRY 2-23-95 904-542-6418

(Type or Print Name of Signing Officer or Director)

(Date)

(Telephone)