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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 709194 (5)
1. Corporation Name
THE FLORIDA STATE FOXHUNTERS ASSOCIATION, INC.



REINSTATEMENT

Principal Place of Business Mailing Address

PO BOX 307
2008 CAPRI RD
WILLISTON FL 32696
US

PO BOX 307
2008 CAPRI RD
WILLISTON FL 32696-0307
US

3. Date Incorporated or Qualified 06/22/1965
3a. Date of Last Report 03/22/1996
4. FEI Number 59-2366073
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
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address

21 22 Suite, Apt. #, etc. 26 27 Suite, Apt. #, etc.

23 City & State 28 Barberville, FL
24 25 Zip Country 29 30 32105 USA

9. Name and Address of Current Registered Agent

CASON, JAMES W JR
20750 E LEVY ST
PO BOX 307
WILLISTON FL 32696

JULIE H. PUCKETT
P.O. BOX 298
BARBERVILLE, FL 32105

10. Name and Address of New Registered Agent

81 Name Julie Puckett
82 Street Address (P.O. Box Number is Not Acceptable)
83 350 Fox Hollow Drive
84 City Barberville FL 85 Zip Code 32105

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Julie H. Puckett
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.)
10-20-97
10/6/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD WELLS, DAVE RT 4 BOX 1065 WILLISTON FL DELETE

VD LOONEY, BILL RT 4 BOX 1375 STARKE FL DELETE

VD MALPHURS, TOMMY RT 1 BOX 84 ALACHUA FL DELETE

VD PROKETT, BILL PO BOX 288 BARBERVILLE FL DELETE

STD CASON, JIM 20750 E LEVY ST WILLISTON FL DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD 1.2 NAME Bill Puckett 1.3 STREET ADDRESS (CASON FLOWERS) 1.4 CITY-ST-ZIP Barberville, FL 32105 Change Addition

2.1 TITLE VD 2.2 NAME Jim Cason 2.3 STREET ADDRESS 20750 E Levy St 2.4 CITY-ST-ZIP Williston, FL 32696 Change Addition

3.1 TITLE VD 3.2 NAME Eddie Lewis 3.3 STREET ADDRESS 431 Oak Ave 3.4 CITY-ST-ZIP Brookier, FL 32622 Change Addition

4.1 TITLE D 4.2 NAME Dave Wells 4.3 STREET ADDRESS RT 4 Box 1064 4.4 CITY-ST-ZIP Williston, FL 32696 Change Addition

5.1 TITLE STD 5.2 NAME Julie Puckett 5.3 STREET ADDRESS (350 Fox Hollow Drive) 5.4 CITY-ST-ZIP Barberville, FL 32105 Change Addition

6.1 TITLE 6.2 NAME 500002341 6.3 STREET ADDRESS -11/07/97--00185-018 6.4 CITY-ST-ZIP *****236.25 *****236.25 Change Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on attachment with an address.

Julie H. Puckett
10-20-97

CR2E07 (9/96)