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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723876

1. Corporation Name

BRICKYARD HUNTING CLUB, INC

Principal Place of Business

1957 FAYE RD.
YULEE FL 32097
US

Mailing Address

1957 FAYE RD.
YULEE FL 32097
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 PO Box 976 Hilliard FL		26 PO Box 976 Hilliard FL 32046		07/13/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2661723	
City & State		City & State		Applied For	
23 Hilliard FL		28 Hilliard FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee Required	
24 32046		29 32046		30 US	
25 US		31		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CORBIN, PETER R
121 W FORSYTH STREET
STE #1000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	SD	1.1 TITLE	SD
NAME	SELLEY, FRANK R.	1.2 NAME	Gene E Higginbotham
STREET ADDRESS	1957 FAYE RD.	1.3 STREET ADDRESS	PO Box 976
CITY-ST-ZIP	YULEE FL	1.4 CITY-ST-ZIP	Hilliard FL 32046
TITLE	TD	2.1 TITLE	
NAME	COLEMAN, R. D.	2.2 NAME	
STREET ADDRESS	1307 CLINCH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH. FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	CONNOR, CECIL	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 2260 WHITE OAK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	P.D
NAME	GILL, NOLAN A.	4.2 NAME	AID T. HADDOCK
STREET ADDRESS	RT. 1, BOX 2495	4.3 STREET ADDRESS	1919 Haddock Drive
CITY-ST-ZIP	HILLIARD FL	4.4 CITY-ST-ZIP	Hilliard FLA, 32046
TITLE	VD	5.1 TITLE	
NAME	OGIVE, ED	5.2 NAME	
STREET ADDRESS	RT L BOX 149-L	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 617, 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: **Gene E Higginbotham**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 - 904-845-2111
Date Daytime Phone #

CR2E037 (11/98)