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93 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Montem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751106 (6)

1. Corporation Name
DIXIE HUNTING CLUB, INC.

Principal Place of Business Mailing Address
BARBER AVENUE BARBER AVENUE
P. O. BOX 1866 P.O. BOX 1866, N/A
CROSS CITY FL 32628 CROSS CITY FL 32628
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1980	3a. Date of Last Report 06/24/1994
4. FEI Number 59-2110209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 100.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**THOMAS, J. DOYLE
BARBER AVENUE
CROSS CITY FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRIGGERS, JOHN
STREET ADDRESS	HWY 19
CITY - ST - ZIP	CROSS CITY FL
TITLE	D
NAME	RIELS, LENDELL
STREET ADDRESS	HWY 19
CITY - ST - ZIP	CROSS CITY FL
TITLE	D
NAME	FOWLER, BILLY
STREET ADDRESS	HWY 351-A
CITY - ST - ZIP	CROSS CITY FL
TITLE	D
NAME	WARD, L. E.
STREET ADDRESS	HWY. 351
CITY - ST - ZIP	CROSS CITY FL
TITLE	DST
NAME	MCINNIS, BOB
STREET ADDRESS	P.O. BOX 181 N/A
CITY - ST - ZIP	OLD TOWN FL
TITLE	P
NAME	JOHNSON, MICKEY
STREET ADDRESS	HWY 351 A
CITY - ST - ZIP	CROSS CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob McInnis 4-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date