

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

This was previously mailed 6-8-96. Enclosed is copy of check stub. Please waive late fee. Thanks,

APPLICATION FOR REINSTATEMENT



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

96 SEP 27 PM 2:19

DOCUMENT # **751106**

1. Corporation Name
DIXIE HUNTING CLUB, INC. **1996 ANNUAL REPORT**
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001975931--4
-10/16/96--01008--006
*****61.25 *****61.25

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



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/19/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2110209 Applied For Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	DRIGGERS, JOHN	HWY 19	CROSS-CITY-FL
B	Jones, Gary	HC04 Box 250	Old Town, FL. 32680
D	RIELS, LENDALL	HWY 19	CROSS-CITY-FL
D	Randy J. Mikell	Rt 1 Box 317	Branford, FL. 32008
D	FOWLER, BILLY	HWY 351-A	CROSS-CITY-FL
D	Joey Sanders	Rt 1 Box 335	Branford, FL. 32008
D	WARD, L.E.	HWY. 351	CROSS-CITY-FL
D	Ben Barber	HC04 Box 27	Old Town, FL. 32680
DST	MCINNIS, BOB	P.O. BOX 181-N/A	OLD-TOWN-FL
Sec.	Joe Ruth	P.O. Box 1084	Old Town, FL. 32680
D	JOHNSON, MICKEY	HWY 351-A	CROSS CITY FL
D	Judy Stephenson	HC04 Box 603	Old Town, FL. 32680

8. Name and Address of Current Registered Agent THOMAS, J. DOYLE BARBER AVENUE CROSS-CITY-FL		9. Name and Address of New Registered Agent Name: Gary Jones Street Address (P.O. Box Number Is Not Acceptable): HC04 Box 250 Suite, Apt. #, Etc.: Hwy 353 City: Old Town State: FL Zip Code: 32680	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Mary Jones* Date: **9-23-96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Joe Ruth, Sec. / Joe Ruth* Date: **9-23-96** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/95)