


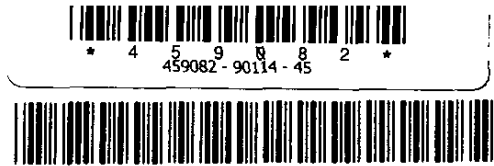
FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90114 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755176					
1. Corporation Name PINE BARRON CREEK HUNTING CLUB, INC.					
Principal Place of Business 7530 MORTON RD. CENTURY FL 32535			Mailing Address 7530 MORTON RD. CENTURY FL 32535		



2. Principal Place of Business 21 Same		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/19/1980	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		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 PEEBLES, HENRY W. 1551 N PINE BARRON RD MCDAVID FL 32568			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 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 Henry W. Peebles Henry W. Peebles Pres. 4-24-99  
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	D
NAME	PEEBLES, WILLIE	1.2 NAME	James E Hall
STREET ADDRESS	1551 N PINE BARREN RD	1.3 STREET ADDRESS	5081 HWY 164
CITY-ST-ZIP	MCDAVID FL	1.4 CITY-ST-ZIP	MC David FL 32568
TITLE	VD	2.1 TITLE	
NAME	MILSTEAD, VINCENT	2.2 NAME	
STREET ADDRESS	3000 LAMBERT BRIDGE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MC DAVID FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	STEWART, ROBERT	3.2 NAME	
STREET ADDRESS	7530 MORTON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HUDSON, A. J	4.2 NAME	
STREET ADDRESS	3910 HWY 164	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCDAVID FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	AGERTON, EDWARD	5.2 NAME	
STREET ADDRESS	3671 MELVIN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCDAVID FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	LEE, CHARLES O.	6.2 NAME	Keith Peebles
STREET ADDRESS	3731 MACKS RD.	6.3 STREET ADDRESS	1531 N. Pine Barren Rd
CITY-ST-ZIP	CENTURY FL	6.4 CITY-ST-ZIP	MC David FL 32568

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: Robert L. Stewart, Jr. Robert L. Stewart, Jr. Sec. 4-24-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-327-6575

CR2E037 (11/98)