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May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759416 (1)

1. Corporation Name
MACCLENNY HUNTING CLUB, INC.



Principal Place of Business 149 N 4THJ STREET MACCLENNY FL 32063	Mailing Address 149 N 4THJ STREET MACCLENNY FL 32063-2111
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3. Date Incorporated or Qualified 08/03/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc. 132 Pine Log Road	26 Suite, Apt #, etc. 132 Pine Log Road
22 City & State Glen St. Mary, FL	27 City & State Glen St. Mary, FL
23 Zip 32040	28 Country Baker
24	29
25	30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNS, TOMMY
149 N. 4TH STREET
MACCLENNY FL 32063**

10. Name and Address of New Registered Agent

81 Name Steve Williams
82 Street Address (P.O. Box Number is Not Acceptable) 132 Pine Log Road
83
84 City Glen St. Mary
85 Zip Code FL 32040

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 Steve Williams (Signature, typed or printed name of registered agent and title if applicable) *Steve Williams* (NOTE: Registered Agent signature required when reinstating) MAY 22, 1997 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NORBY, FLETCHER	
STREET ADDRESS	2773 CASSATT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CREWS, HENRY J	
STREET ADDRESS	65 N 6TH STREET	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, BILLY	
STREET ADDRESS	P.O. BOX 360 N/A	
CITY-ST-ZIP	SANDERSON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, TOMMY	
STREET ADDRESS	149 N. 4TH STREET	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, STEVE	
STREET ADDRESS	132 PINE LOG ROAD	
CITY-ST-ZIP	GLEN ST MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HINES, TOMMY	
STREET ADDRESS	RT 1 BOX 757	
CITY-ST-ZIP	MACCLENNY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Steve	
1.3 STREET ADDRESS	132 Pine Log Road	
1.4 CITY-ST-ZIP	Glen St. Mary, FL 32040	
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Reynolds, Terry	
2.3 STREET ADDRESS	Rt. 1, Box 4750	
2.4 CITY-ST-ZIP	Glen St. mary, FL 32040	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ponder, Allen	
3.3 STREET ADDRESS	11105 Grayson Street	
3.4 CITY-ST-ZIP	Jacksonville, FL 32220	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gibson, Darren	
4.3 STREET ADDRESS	Rt. 1, Box 2110	
4.4 CITY-ST-ZIP	St. George, GA 31646	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Johns, Tommy	
5.3 STREET ADDRESS	149 N. 4th St.	
5.4 CITY-ST-ZIP	Macclenny, FL 32063	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an attachment with an address.

SIGNATURE: *Jerry Reynolds* SIGNATURE: *QUINN REYNOLDS* MAY 22, 1997 DATE

CR2E037 (9/96)