

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

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DOCUMENT # 759446

1. Corporation Name

PINE TOP HUNTING CLUB, INC.

Principal Place of Business

RT 2, BOX 216, HWY 139B
C/O NATHANIEL DINKINS
GLEN ST. MARY FL 32040

Mailing Address

PT 1 BOX 1594
UNDERHILL LAKE ROAD
GLEN ST MARY FL 32040
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/04/1981

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RAULERSON, DWAYNE P
RT 1 BOX 1594
UNDERHILL LAKE RD
GLEN ST MARY FL 32040

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME THRIFT, FRACIS K
STREET ADDRESS RT BOX 128 FRED HARVEY RD N/A
CITY-ST-ZIP SANDERSON, FLORIDA 0

TITLE S ☐ DELETE

NAME WILSON, MARCH
STREET ADDRESS RT 2, BOX 1218
CITY-ST-ZIP GLENN ST MARY FL 32040

TITLE VD ☐ DELETE

NAME MILTON, TIMMY
STREET ADDRESS FRED HARVEY RD., P.O. BOX 27 N/A
CITY-ST-ZIP SANDERSON FL 32087

TITLE T ☐ DELETE

NAME BRISTOW, DUANE
STREET ADDRESS RT. 1 BOX 105, CEDAR CREEK DR. N/A
CITY-ST-ZIP SANDERSON FL 32087

TITLE D ☐ DELETE

NAME DUGGER, TERRY
STREET ADDRESS RT. 1 BOX 596, 125 S. N/A
CITY-ST-ZIP MACCLENNY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)