SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G11669** **(0)**

1. Corporation Name
MISTY CREEK COUNTRY CLUB, INC.

Principal Place of Business
8954 MISTY CREEK DR
SARASOTA FL 34241

Mailing Address
8954 MISTY CREEK DR
SARASOTA FL 34241

3. Date Incorporated or Qualified: **12/03/1982**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21 8954 Misty Creek Dr.
Suite, Apt #, etc
22
City & State
23 Sarasota, Florida
Zip 24 34241
Country 25 Sarasota

2a. Mailing Address
26 8954 Misty Creek Dr.
Suite Apt #, etc
27
City & State
28 Sarasota, Florida
Zip 29 34241
Country 30 Sarasota

4. FEI Number: **59-2245182** — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SEUFFERT, JANIE
8954 MISTY CREEK DR
SARASOTA FL 34241

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 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 for Corporation and Registered Agent if applicable — Date if Registered Agent signature required when resignation

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	MAULDIN, CALVIN	
STREET ADDRESS	8941 MISTY CREEK DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	☐ DELETE
NAME	WALLS, JOHN	
STREET ADDRESS	8840 WILD DUNES DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	THOMAS, LAURENCE	
STREET ADDRESS	8822 MISTY CREEK DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	☐ DELETE
NAME	MCCRAKEN, OLIVER	
STREET ADDRESS	8845 MISTY CREEK DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	☒ DELETE
NAME	BABB, CHARLES	
STREET ADDRESS	8820 MISTY CREEK DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	SILEO, ANDREW	
STREET ADDRESS	3623 BENEVA OAKS CIR	
CITY-ST-ZIP	SARASOTA FL	

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	D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	MCCRACKEN, OLIVER	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	JIMMY E. MANIS	
5.3 STREET ADDRESS	8899 MISTY CREEK DRIVE	
5.4 CITY-ST-ZIP	SARASOTA FL	
6.1 TITLE		☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cal Mauldin 4/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title

CR2E034 (3/96)

01117133 CP