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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G59345** **(0)**

1. Corporation Name
THE EAST HILLSBORO HUNT CLUB INC.

Principal Place of Business
C/O J. L. SIMMONS
5101 JIM REDMAN PKWY.
PLANT CITY FL 33567

Mailing Address
C/O J. L. SIMMONS
5101 JIM REDMAN PKWY.
PLANT CITY FL 33567

5101 Jim Redman Pk Wy

5101 Jim Redman Pk Wy

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 33567 Country 25 Hills

2a. Mailing Address
26 Plant City, Fl 33567

Suite, Apt. #, etc.
27

City & State
28

Zip 29 33567 Country 30

3. Date Incorporated or Qualified: 09/13/1983

3a. Date of Last Report: 04/23/1996

4. FEI Number: 59-2963772 ☐ 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
SIMMONS, JAMES L.
5101 JIM REDMAN PARKWAY
PLANT CITY FL 33566

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
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	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, JAMES L	1.2 NAME	
STREET ADDRESS	5101 JIM REDMAN PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EVERS, GLENN C	2.2 NAME	
STREET ADDRESS	HWY 39 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MATHEWS LAMAR	3.2 NAME	
STREET ADDRESS	RT5 BOX 2800	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WELDON, NORRIS	4.2 NAME	
STREET ADDRESS	MILLDAM ROAD NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EVERS, LLOYD T.	5.2 NAME	
STREET ADDRESS	RT 3 BOX 326	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J L Simmons Sec. 3/14/97 737-1864

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0523262

CR2E034 (9/96)