FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K79115

MID-FLORIDA HUNT CLUB, INC.

(7)

FILED
Apr 10 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address									
402 ST. JOHNS DR. 402 ST. JOHNS DR. SATELLITE BEACH FL 32937 SATELLITE BEACH FL US					32937	2937		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
								04/11/1989	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				26				59-3057014 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional	
22				27				P - Fee nequieu	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country				Zip Country			,	8. This corporation owes or has paid the current year Integgible	
24 25			29					Personal Property Tax due June 30. 🔲 Yes 💹 No	
		and Address of (Current Regis	tered Agent			1	10. Name and Address of New Registered Agent	
	CHARDS, C					81	Name		
402 ST. JOHNS DR. SATELLITE BEACH FL 32937				1		82	Street Add	fress (P.O. Box Number is Not Acceptable)	
0^	VICUUIC D	EAUN FL 32837				83			
						84	City	₽=■ 85 Zip Code	
44 Purrunat	to the provin	ions of Contions 60	7 0(02 004 6	07 1500 Florido Ctol	utas the si			FL 89 2000	
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 bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIFFECTOR							ent eignature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD			DELETE	1.1 TI	LE		☐ Change ☐ Addition	
NAME	HELLEE	BRAND, JOSEPH			1.2 N/	ME			
STREET ADDRESS 4760 SMITHFEILD RD.				1.3 STREET ADDRES			ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP MELBOURNE FL 32934			1.4 (ST-ZIP		
TITLE	VD .			DELETE 2.1 T		LE		Change Addition	
NAME PIERCE, FRANK					2.2 NA				
STREET ADDRESS 4800 SMITHFIELD RD.					2.3 STREET			i	
CITY-ST-ZIP		URNE FL					ST-ZIP	, , , , , , , , , , , , , , , , , , ,	
TITLE	1 0.0			DELETE 3.17				☐ Change ☐ Addition	
NAME RICHARDS, DONALD A STREET ADDRESS 402 ST. JOHNS DR.				3.2 N			1000000		
STREET ADDRESS 402 ST. JOHNS DR. CITY-ST-ZIP SATELLITE BEACH FL 32937			2027	3.4 CITY-			ADDRESS		
TITLE				□ DELETE 4.1			\$1-ZIP	☐ Change ☐ Addition	
NAME			4.2 N				CT CHOUNT CT LACTION		
STREET ADDRESS							ADDRESS		
1 1	CITY-ST-ZIP			4.4 CITY			- 1		
TITLE			DELETE				Change Addition		
NAME				52 NAME					
STREET ADDRESS					5.3 ST	REET	ADORESS		
CITY-ST-ZIP					5 4 CITY-ST-ZIP				
TITLE				☐ DELETE	61 TI	LE		Change Addition	
NAME					6 2 NA	ME			
STREET ADDRESS					6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		6.4 Cf	Y-S	7-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an edgress.

April 3. 1998 (407) 222-6644