

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED
May 20 1998 8:00 am
Secretary of State

CORPORATION
 ANNUAL REPORT
 1993 1998



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # L32233 (3)**
 PR0006166
LURAVILLE HUNTING CLUB, INC.
~~ROUTE 5~~
~~P. O. BOX 256~~
LIVE OAK FL 32060

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1989** 3a. Date of Last Report **1997**
06/16/1992

FILING FEE **\$225.00** Annual Report **\$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee**
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
 21 **13038 161st Rd.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **LIVE OAK FL**
 Zip Country
 24 **32060** 25 29

4. FTT 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**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$138.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PUTNAL, BRYAN L.
1800 FLORIDA NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

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 or 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 607.0805, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepts Appointment) (New Registered Agent Accepts Appointment when necessary)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	MOORE, RYAN
1.3 STREET ADDRESS	ROUTE 5
1.4 CITY-ST-ZIP	LIVE OAK FL
2.1 TITLE	D
2.2 NAME	LAND, HAL
2.3 STREET ADDRESS	ROUTE 5
2.4 CITY-ST-ZIP	LIVE OAK FL
3.1 TITLE	D
3.2 NAME	MOORE, REID
3.3 STREET ADDRESS	ROUTE 5
3.4 CITY-ST-ZIP	LIVE OAK FL
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	19755 162nd St.
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	13038 161st Rd.
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	15408 193rd Rd.
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	700002532757
6.4 CITY-ST-ZIP	-05/22/98---01014---015 ***150.00

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, 13 or 13(a) of this report, or on an attachment with an address.

SIGNATURE: *Hal Land* **HAL LAND** 4/30/98 904-776-2101