

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M73922** (0)
1. Corporation Name
FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC.

Principal Place of Business
**4927 ANTIOCH RD.
CRESTVIEW FL 32536**

Mailing Address
**4927 ANTIOCH RD.
CRESTVIEW FL 32536**

FILED
Sep 24 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1988

4. FEI Number

59-2886880

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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9. Name and Address of Current Registered Agent

**CAMPBELL, FERRIN C., SR.
335 N MAIN STREET
P. O. BOX 846
CRESTVIEW FL 32536**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BROCK, HURDIS**
STREET ADDRESS **306 ADAMS DR**
CITY-ST-ZIP **CRESTVIEW FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VD Johnson, Carol B.**
1.3 STREET ADDRESS **5 PANDORA DR**
1.4 CITY-ST-ZIP **CRESTVIEW**

TITLE **D** ☒ DELETE
NAME **HANNA, WILLIAM**
STREET ADDRESS **112 GOLF COURSE DR**
CITY-ST-ZIP **CRESTVIEW FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **BARNHILL, WILLIAM A.**
STREET ADDRESS **5847 BUCK WARD RD**
CITY-ST-ZIP **BAKER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HESTER, JUNIOR**
STREET ADDRESS **WILDER RD**
CITY-ST-ZIP **NICEVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CADENHEAD, CHRIS**
STREET ADDRESS **420 EAST PINE AVE**
CITY-ST-ZIP **CRESTVIEW FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WARD, JAMES**
STREET ADDRESS **5698 OLD BETHEL RD**
CITY-ST-ZIP **CRESTVIEW FL**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

9/11/98

P50-
682-9202

CR2E034 (5/98)