FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:09

DOCUMENT # N11427 (4)

1. Corporation Name
ALTHA SPORTSMAN CLUB, INC.

Principal Place of Business	Mailing Address
RT 1 BOX 404 ALTHA FL 32421 US	RT 1 BOX 404 ALTHA FL 32421 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1985
3a. Date of Last Report: 03/09/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 RT. 1 BOX 221	26 RT. 1 BOX 221
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ALTHA, FL	City & State 28 ALTHA, FL.
Zip / Country 24 32421-9713 / 25 CALHOUN	Zip / Country 29 32421-9713 / 30 CALHOUN

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 ☐ — $68.75 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

PARSONS, STEWART E.
403 AZALEA DRIVE
CHATTAHOOCHEE FL 32324

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOLLIS, JOHNNY	1.2 NAME	BARKER, THOMAS D.	
STREET ADDRESS	B405	1.3 STREET ADDRESS	HI-WAY 392	
CITY-ST-ZIP	ALTHA FL	1.4 CITY-ST-ZIP	KINARD, FL. 32449	
TITLE	VD	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	CHASON, ARLON	2.2 NAME		
STREET ADDRESS	RT. 1, BOX B-221	2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	ALTHA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	MUSGROVE, JAMES (KEVIN)	3.2 NAME	ALSO BROOKS, CHARLES	
STREET ADDRESS	RT 1 BOX 404	3.3 STREET ADDRESS	TRAILER CITY	
CITY-ST-ZIP	ALTHA FL	3.4 CITY-ST-ZIP	BLOUNTSTOWN, FL. 32424	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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: Arlon Chason ET 12 ARLON CHASON 3-6-95 904-762-8573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0020737