


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15319 (9)

1. Corporation Name

WALTON HUNTING CLUB, INCORPORATED



Principal Place of Business	Mailing Address
C/O C. RAY DUNN 1920 BAYVIEW 4536 W. BAY LOOP Rd. FREEPORT FL 32439-9803	C/O C. RAY DUNN 1920 BAYVIEW 4536 W. BAY LOOP Rd. FREEPORT FL 32439-9803

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/10/1986	04/20/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2711223	Not Applicable
24 Country	29 Country	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C. RAY DUNN RT 2 BOX 603 FREEPORT FL 32439	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	4536 W. BAY LOOP Rd.
	83
	84 City
	Freeport
	85 Zip Code
	FL 32439

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNIN, ALLAN	1.2 NAME	
STREET ADDRESS	1920 BAYVIEW 1976 CO. Rd. 3280	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, C. RAY	2.2 NAME	
STREET ADDRESS	1920 BAYVIEW 4536 W. BAY LOOP Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIZZARD, CLAY	3.2 NAME	
STREET ADDRESS	1920 BAYVIEW PO BOX 89	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439 NA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: C. Ray Dunn C. RAY DUNN

1-904-835-2623

PS 5/11/91

CR2E037 (12/95)