

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90010 032 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N15319**

1. Corporation Name

**WALTON HUNTING CLUB, INCORPORATED**

Principal Place of Business

Mailing Address

C/O C. RAY DUNN  
4536 W. BAY LOOP RD  
FREEPORT FL 32439-9803

C/O C. RAY DUNN  
4536 W. BAY LOOP RD  
FREEPORT FL 32439-9803



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	06/10/1986
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	59-2711223
24 Country		29 Country	30 Applied For
			Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C. RAY DUNN  
C/O C. RAY DUNN  
4536 W. BAY LOOP RD  
FREEPORT FL 32439-9803

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 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

*C. Ray Dunn* Chairman Board of Directors

3-6-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

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	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	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	P.O. BOX 89 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*C. Ray Dunn* Chairman Board of Directors

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-6-99

Daytime Phone #

1-850-835-2623

CR2E037 (11/98)