

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N16387** (5)

1. Corporation Name

RIVER HILL HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

C/O JAMES H. REDDICK
1198 GULF BREEZE PKY #1. P O BOX 550
GULF BREEZE FL 32562

C/O JAMES H. REDDICK
1198 GULF BREEZE PKY #1. P O BOX 550
GULF BREEZE FL 32562

3. Date Incorporated or Qualified **08/18/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 C/O STEVE BRAY 26 C/O STEVE BRAY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 P.O. BOX 308 27 P.O. BOX 308
City & State City & State
23 JAY, FL. 28 JAY, FL.
Zip Country Zip Country
24 32565 25 USA 29 32565 30 USA

4. FEI 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDDICK, JAMES H.
1198 GULF BREEZE PARKWAY #1
GULF BREEZE FL 32561

81 Name **STEVE BRAY**
82 Street Address (P.O. Box Number is Not Acceptable)
2892 McDUFFIE LANE
83
84 City **JAY** FL 85 Zip Code **32565**

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 *Steve Bray*
Signature, typed or printed name of registered agent, and title if applicable

Steve Bray - President

07-23-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, DEREK	1.2 NAME	
STREET ADDRESS	ROUTE 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JIMMY	2.2 NAME	
STREET ADDRESS	ROUTE 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, JIMMY	3.2 NAME	
STREET ADDRESS	ROUTE 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MIKE	4.2 NAME	
STREET ADDRESS	ROUTE 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, STEVE	5.2 NAME	BRAY, STEVE
STREET ADDRESS	ROUTE 3	5.3 STREET ADDRESS	2892 McDUFFIE LANE
CITY-ST-ZIP	JAY FL	5.4 CITY-ST-ZIP	JAY, FL. 32565
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: *Steve Bray* **Steve Bray - President**

07-23-96 (904)675-4597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)