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 FEB 23 PM 3:26

DOCUMENT # N19438 (3)

1. Corporation Name
SWEET GUM HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
RT. 2. BOX 30 MADISON FL 32340	RT. 2. BOX 30 MADISON FL 32340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2952441 ☐ 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
7. Nonprofit with IRS (or pending) 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HAMMOCK, LARRY J.
RT. 2, BOX 30
HIGHWAY 145 NORTH
MADISON FL 32340

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 new/added) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, JOE	12 NAME	
STREET ADDRESS	RT. 4, BOX 1115	13 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, SAM	22 NAME	
STREET ADDRESS	RT 1 BOX 216	23 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, MIKE	32 NAME	
STREET ADDRESS	RT. 1, BOX 364	33 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, JOHN	42 NAME	
STREET ADDRESS	RT.1, BOX 363	43 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	HAMMOCK, LARRY J.	52 NAME	
STREET ADDRESS	RT. 2, BOX 30	53 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Larry J. Hammock Larry J. Hammock 2/18/95 904-973-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038082