**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N19438**

SWEET GUM HUNTING CLUB, INC.

Principal Place of Business
RT. 5 BOX 6030
MADISON FL 32340
110

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

RT 5 BOX 6030 MADISON FL 32340

2a. Mailing Address

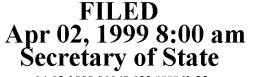
City & State

Suite, Apt. #, etc.

26

27

28



04-02-1999 90049 033 \*\*\*\*61.25

			118H (40)

Date Incorporated or Qualifed

5. Certificate of Status Desired

02/26/1987

59-2952441

4. FEI Number

Zip 24	Country 25	Zip . Cc		ountry		6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
	ne and Address of Current F		<u> </u>	10. Name and Address of New Registered Agent							
Tallio and Addices of Carteria Assessment Figure											
LIAMMOCK (ADDV.)					Address (P.O. E	lav Numba	ic Not Accept	ablo)			
HAMMOCK, LARRY J.					Address (P.O. E	ox Numbel	із поі Ассери	anie)		ŀ	
RT 5 BOX 6030											
HIGHWAY 145 NORTH				City	<del></del>				<del></del>   6		
MADISON FL 32340								FL	85 Zip C	ode	
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											
Signature, ty	ped or printed name of registered agent a	nd title if applicable. (NOTE: R		signature i	required when reinstati			DATE			
12.	OFFICERS AND		13.		ADDI	TIONS/CH/	NGES TO OF	FICERS AN			
mre VD		☐ DELETE	1.1 TITLE		1				Change	☐ Addition	
	HAMMOCK, WENDELL T.		1.2 NAME	1.2 NAME						}	
STREET ADDRESS ROUTE	1, BOX 162		1.3 STREET	address						1	
OTT-01-26   TT-01-11   TT-01-11			1.4 CITY-ST	-ZIP							
TITLE D	D DELETE		2.1 TITLE						Change	☐ Addition	
NAME WASHI	ngton, sam		2.2 NAME							]	
STREET ADDRESS RT 1 B	DX 216		2.3 STREET	adoress	,				-	· ·	
CITY-ST-ZIP PINETT	A FL		2. 4 CITY-S	T-ZIP							
TITLE PD	PD DELETE		3.1 TITLE						Change	☐ Addition	
NAME WASHII	ngton, mike		3.2 NAME							İ	
STREET ADDRESS RT. 1, I	3OX 364	•	3.3 STREET	adoress	İ		•	•		ļ	
CITY-ST-ZIP PINETT	A FL		3.4. CITY-S	r-zip							
tmlé <b>D</b>		☐ DELETE	4.1 TITLE		}				Change	☐ Addition	
NAME WASHII	NGTON, JOHN		4, 2 NAME								
STREET ADDRESS RT.1, B	OX 363		4.3 STREET	ADDRESS					•		
CITY-ST-ZIP PINETT	A FL		4.4 CITY-ST	-ZIP							
TITLE STD	STD DELETE 5.1		5.1 TITLE						☐ Change	☐ Addition	
NAME HAMMO	TIAMMOON, CARLES.		5.2 NAME								
IRCELADORESSI III O DOA GOOD		5.3 STREET	address								
CITY-ST-ZIP MADIS			5.4 CITY-ST	-ZIP				_			
TITLE:	DELETE 6.1		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 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:

Applied For

\$8.75 Additional

Fee Required

Not Applicable