

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90122 023 ****61.25

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DOCUMENT # N22337

1. Corporation Name

THE MCINTIRE HUNTING CLUB, INCORPORATED

Principal Place of Business

C/O JAMES F. HARDY
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641

Mailing Address

C/O JAMES F. HARDY
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 09/02/1987 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2895969 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | 30 | |
| Country | | Country | | | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

HARDY, JAMES F.
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641-7761

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

(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 | CLIFTON, COURTNEY | 1.2 NAME | |
| STREET ADDRESS | RT 4, BOX 542 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIEFLND FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARDY, JIM | 2.2 NAME | |
| STREET ADDRESS | 31 SE 71ST TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | DUCE PRESIDENT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWILLEY, JAMES | 3.2 NAME | |
| STREET ADDRESS | 3550 NW 140 ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIEFLND FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, GARCIA CARL | 4.2 NAME | |
| STREET ADDRESS | 5650 SW 103 TERRACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CEDAR KEY FL 32625 | 4.4 CITY-ST-ZIP | |
| TITLE | P DIRECTOR <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HART, JOHN | 5.2 NAME | |
| STREET ADDRESS | 204 NW 4 AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIEFLND FL | 5.4 CITY-ST-ZIP | |
| TITLE | VP PRESIDENT <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHEWS, KENNETH | 6.2 NAME | |
| STREET ADDRESS | 14850 NW 60 AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIEFLND FL | 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

352-376-3187

Date

Daytime Phone

CR2E037 (1/98)