

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N28630** (4)

1. Corporation Name
SPRINGHILL SPORTSMAN CLUB, INC.



Principal Place of Business %HAROLD BARNHILL RT. 6, BOX 145-A MILTON FL 32570-9906	Mailing Address %HAROLD BARNHILL RT. 6, BOX 145-A MILTON FL 32570-9906
--	--

3. Date Incorporated or Qualified 09/30/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2965928	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BARNHILL, HAROLD RT. 6, BOX 145-A MILTON FL 32570	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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	
TITLE D	<input type="checkbox"/> DELETE
NAME CREEL, CECIL	
STREET ADDRESS RT. 6 BOX 218	
CITY-ST-ZIP MILTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DOZIER, JOHNNY	
STREET ADDRESS RT. 3 BOX 258	
CITY-ST-ZIP MILTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HARDY, CURTIS	
STREET ADDRESS RT. 1 BOX 44	
CITY-ST-ZIP MILTON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HARDY, RICHARD	
STREET ADDRESS RT. 1, BOX 57F	
CITY-ST-ZIP MILTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HARDY, ROGER	
STREET ADDRESS 9850 R. HARDY ROAD	
CITY-ST-ZIP MILTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HUSSEY, KEITH	
STREET ADDRESS 4205 ELVIS PRESLEY DRIVE	
CITY-ST-ZIP MILTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME Denny Hussey	
43 STREET ADDRESS 7364 Austin Rd.	
44 CITY-ST-ZIP Milton, FL 32570	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

600002201486
-06/04/97--01069--005
***70.00

14. I do 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.

CP2E037 (9/96)