

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35254** (4)

1. Corporation Name

LITTLE SWEETWATER HUNTING CLUB, INC.

Principal Place of Business % DAVID E. PITTS 323 CYPRESS ST. BLOUNTSTOWN FL 32424	Mailing Address % DAVID E. PITTS 323 CYPRESS ST. BLOUNTSTOWN FL 32424-1915
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30		3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 04/26/1996
		4. FEI Number 59-3011950		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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			

9. Name and Address of Current Registered Agent PITTS, DAVID E 323 CYPRESS ST. BLOUNTSTOWN FL 32424		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	
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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 *David E. Pitts* *David E. Pitts* **4-26-97**
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	HALL, HENRY	1.2 NAME	
STREET ADDRESS	P O BOX 358 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCH THARPE	2.2 NAME	
STREET ADDRESS	RT 1 BOX 45-5B	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLAM, RHODEN	3.2 NAME	
STREET ADDRESS	RT. 1 BOX 48	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODENBERRY, STEVE	4.2 NAME	
STREET ADDRESS	RT 1 BOX 118-K	4.3 STREET ADDRESS	
CITY-ST-ZIP	BISTOL FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, DAVID	5.2 NAME	
STREET ADDRESS	323 CYPRESS ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILFORD PULLAM	6.2 NAME	
STREET ADDRESS	RT 1 BOX 45-5A	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *David E. Pitts* *David E. Pitts* **4-26-97** **904-674-8774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000905

CR2E037 (9/96)