SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUN 20 AM 8:28

DOCUMENT # **N36248** **(5)**

1. Corporation Name
THE OTHER HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
% HAROLD PETTY ROUTE 5 BOX 267A DEFUNIAK SPRINGS FL 32433	% HAROLD PETTY ROUTE 5 BOX 267A DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1990	3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2960247	☐ 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 501(c)(3) Tax Exempt Status ☑	FILING FEE IS $61.25
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 % HAROLD PETTY	26 % HAROLD PETTY
Suite, Apt. #, etc. 22 7691 CO. HWY. 1087	Suite, Apt. #, etc. 27 7691 CO. HWY. 1087
City & State 23 DEFUNIAK SPRINGS, FL.	City & State 28 DEFUNIAK SPRINGS, FL.
Zip 24 32433	Zip 29 32433
County 25 WALTON	County 30 WALTON

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETTY, HAROLD ROUTE 5 BOX 267A DEFUNIAK SPRINGS FL FL 32433	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	POOLE, WAYNE	12 NAME	KENNETH JOHNSON	
STREET ADDRESS	RT. 7 BOX 1240	13 STREET ADDRESS	ROUTE 2 BOX 900	
CITY ST ZIP	DEFUNIAK SPRINGS FL	14 CITY ST ZIP	DEFUNIAK SPRINGS, FL. 32433	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MAJORS, BILL	22 NAME		
STREET ADDRESS	1705 ILLINOIS AVE.	23 STREET ADDRESS		
CITY ST ZIP	LYNN HAVEN FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	JACKSON, ROLAND	32 NAME	JAMES MICHAEL ADAMS	
STREET ADDRESS	RT. 6	33 STREET ADDRESS	326 RAMBLING WAY	
CITY ST ZIP	DEFUNIAK SPRING FL	34 CITY ST ZIP	PACE, FL. 32571	
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	HUNT, JOSEPH	42 NAME		
STREET ADDRESS	RT. 5 BOX 315	43 STREET ADDRESS		
CITY ST ZIP	DEFUNIAK SPRINGS FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	PETTY, JOHNNY	52 NAME	GREG NORRIS	
STREET ADDRESS	RT. 5, BOX 267-A	53 STREET ADDRESS	ROUTE 1 BOX 122	
CITY ST ZIP	DEFUNIAK SPRGS FL	54 CITY ST ZIP	FLORALA, ALA. 36442	
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	JUNT, JOEL E.	62 NAME		
STREET ADDRESS	RT. 5, BOX 315	63 STREET ADDRESS		
CITY ST ZIP	DEFUNIAK SPGS FL	64 CITY ST ZIP		

CR2E037 (3/95)

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: Harold Petty HAROLD PETTY 6/12/95 904 834-2878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000150