

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37719 (4)**

1. Corporation Name
"T" AND "T" HUNTING CLUB, INCORPORATED



Principal Place of Business: 10051 HWY 97A, WALNUT HILL FL 32568, US
Mailing Address: 10051 HWY 97A, WALNUT HILL FL 32568, US

3. Date Incorporated or Qualified: 04/18/1990
3a. Date of Last Report: 04/14/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3052732	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HALL, JOHN E 10051 HWY 97A WALNUT HILL FL 32568		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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HALL, JOHN E <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALL, JOHN E		1.2 NAME	
STREET ADDRESS: 10051 HWY 97A		1.3 STREET ADDRESS	
CITY-ST-ZIP: WALNUT HILL FL		1.4 CITY-ST-ZIP	
TITLE: VD	LOWERY, CLIFFORD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LOWERY, CLIFFORD		2.2 NAME	
STREET ADDRESS: 927 KATHLEEN AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP: CANTONMENT FL		2.4 CITY-ST-ZIP	
TITLE: STD	HALL, NANCY D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALL, NANCY D		3.2 NAME	
STREET ADDRESS: 10051 HWY 97A		3.3 STREET ADDRESS	
CITY-ST-ZIP: WALNUT HILL FL		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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)(k), 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: John E. Hall John E. Hall 1-27-96 904-327-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)