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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38300

(2)

1. Corporation Name

KINARD SPORTSMAN'S CLUB, INC.

Principal Place of Business

RT. 1, BOX 457-L
BLOUNTSTOWN FL 32424

Mailing Address

RT. 1, BOX 457-L
BLOUNTSTOWN FL 32424



3. Date Incorporated or Qualified

06/01/1990

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Winston Capps

26 Suite, Apt. #, etc.

22 Hwy 73, Box 115

27 Hwy 73 Box 115

23 Kinard Fla

28 Kinard Fla

24 32449 Country

29 32449 Country

25 Calhoun

30 Calhoun

9. Name and Address of Current Registered Agent

GUILLOT, DONAL W.
2109 JUNIPER AVE
PORT ST JOE FL 32456

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

TITLE DP
NAME CAPPS, WINSTON
STREET ADDRESS RT. 1, BOX 457-L
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE VD
NAME PARKER, T D
STREET ADDRESS RT. 1, BOX 7707
CITY-ST-ZIP KINARD FL 32449

TITLE SD
NAME LINDSEY, JOHN G
STREET ADDRESS RT. 1, BOX 457-L
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE S
NAME GUILLOT, DONALD W.
STREET ADDRESS 2109 JUNIPER AVE
CITY-ST-ZIP PORT ST JOE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP
1.2 NAME Leonard Burkett
1.3 STREET ADDRESS 109 Burkett Dr.
1.4 CITY-ST-ZIP Panama City Fla 32404

2.1 TITLE
2.2 NAME Wallace Guillot
2.3 STREET ADDRESS 457 Marlin St H.V.
2.4 CITY-ST-ZIP Port St Joe 32456

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)