

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 # **N44118** (0)

1. Corporation Name

LAKEWOOD HUNTING CLUB, INCORPORATED



Principal Place of Business

Mailing Address

~~RT. 2 BOX 104~~ **32 BEN ASHLEY RD**
LAUREL HILL FL 32567

~~RT. 2 BOX 104~~ **32 BEN ASHLEY RD**
LAUREL HILL FL 32567

3. Date Incorporated or Qualified
06/28/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3074114

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APLIN, THOMAS E.

~~RT. 2 BOX 104~~ **32 BEN ASHLEY RD**
LAUREL HILL FL 32567

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

Thomas E. Aplin

THOMAS E. APLIN

4-8-96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS

ZIP

D

BRASWELL, DERRY
RT. 2, BOX 867, 1175 HWY 285 N.
DEFUNIAK SPRINGS FL

☐ DELETE

SAME

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

ADDRESS

D

HOLLOWAY, DAYTON
666 MIMS RD., RT. 3, BOX 188 C
DEFUNIAK SPRINGS FL

☐ DELETE

SAME

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

ADDRESS

D

GRIFFITH, JOHN D
2546 PUNCH BOWL ROAD
DEFUNIAK SPRINGS FL

☐ DELETE

SAME

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

ADDRESS

D

APLIN, THOMAS E
32 BEN ASHLEY RD.
LAUREL HILL FL

☐ DELETE

SAME

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

I 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 by 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 is on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Thomas E. Aplin **THOMAS E. APLIN**

4-8-96

904-834-2710

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)