

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N45522** (2)  
1. Corporation Name  
**DEERTAIL SPORTSMAN CLUB, INC.**



|   |  |
|---|--|
| Principal Place of Business<br>P.O. BOX 971<br>FT. MEADE FL 33841 | Mailing Address<br>P.O. BOX 971<br>FT. MEADE FL 33841-0971 |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/08/1991</b> | 3a. Date of Last Report<br><b>04/10/1996</b> |
|--|--|

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>59-3043427</b><br>Applied For<br>Not Applicable   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
|   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 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

**STICKLIN, JAMES W**  
**1180 N MILL AVE**  
**BARTOW FL 33830**

10. Name and Address of New Registered Agent

|                                   |  |
|-----------------------------------|--|
| 81 Name<br><b>Horace M. Owen</b>  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>820 ACUFF ROAD</b> |
| 83 City<br><b>FT. MEADE, FLA.</b> | 84 Zip Code<br><b>FL 33841</b>   |

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: *Horace M. Owen*

DATE: **3/7/97**

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                       |  |
|----------------------------|-----------------------|--|
| TITLE                      | PD                    | <input checked="" type="checkbox"/> DELETE |
| NAME                       | STRICKLIN, JAMES W    |  |
| STREET ADDRESS             | 1180 N MILL           |  |
| CITY-ST-ZIP                | BARTOW FL 33830       |  |
| TITLE                      | VD                    | <input type="checkbox"/> DELETE            |
| NAME                       | PENDLEY, RICHARD      |  |
| STREET ADDRESS             | 218 S PALMETTO ST     |  |
| CITY-ST-ZIP                | FT. MEADE FL 33841    |  |
| TITLE                      | DS                    | <input type="checkbox"/> DELETE            |
| NAME                       | BRUMMETT, ALAN        |  |
| STREET ADDRESS             | 502 E. BONONA ST.     |  |
| CITY-ST-ZIP                | BOWLING GREEN FL      |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE            |
| NAME                       | WOODARD, MAC          |  |
| STREET ADDRESS             | 490 BINGHAM ST        |  |
| CITY-ST-ZIP                | BARTOW FL 33839       |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE            |
| NAME                       | WHISTIN, JOHN         |  |
| STREET ADDRESS             | 1380 RICHLAND DR      |  |
| CITY-ST-ZIP                | BARATOW FL 33830      |  |
| TITLE                      | TD                    | <input type="checkbox"/> DELETE            |
| NAME                       | STEWART, RONALD W     |  |
| STREET ADDRESS             | 6631 CRYSTAL BEACH RD |  |
| CITY-ST-ZIP                | WINTER HAVEN FL 33880 |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |  |
|---|------------------------|--|
| 1.1 TITLE   | PD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | OWEN, HORACE M. (BUCK) |  |
| 1.3 STREET ADDRESS                                    | 820 ACUFF ROAD         |  |
| 1.4 CITY-ST-ZIP                                       | FT. MEADE, FL 33841    |  |
| 2.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                        |  |
| 2.3 STREET ADDRESS                                    |                        |  |
| 2.4 CITY-ST-ZIP                                       |                        |  |
| 3.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |                        |  |
| 3.3 STREET ADDRESS                                    |                        |  |
| 3.4 CITY-ST-ZIP                                       |                        |  |
| 4.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |                        |  |
| 4.3 STREET ADDRESS                                    |                        |  |
| 4.4 CITY-ST-ZIP                                       |                        |  |
| 5.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |                        |  |
| 5.3 STREET ADDRESS                                    |                        |  |
| 5.4 CITY-ST-ZIP                                       |                        |  |
| 6.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                        |  |
| 6.3 STREET ADDRESS                                    |                        |  |
| 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: *Horace M. Owen*

DATE: **3-7-97** 941-285-8121

CR2E037 (9/96)