

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47791 (1)

1. Corporation Name

TUPELO HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 406~~
~~WEWAHITCHKA FL 32465~~

~~P.O. BOX 406~~
~~WEWAHITCHKA FL 32465~~

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 1986
Suite, Apt. #, etc.

26 P.O. BOX 1986
Suite, Apt. #, etc.

City & State

City & State

23 PANAMA CITY FL

28 PANAMA CITY FL

Zip

Country

Zip

Country

24 32402

25 USA

29 32402

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/11/1992

3a. Date of Last Report
04/27/1995

4. FEI Number
59-3113285

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

10. Name and Address of New Registered Agent

81 Name

JOSEPH W. SOWELL SR

82 Street Address (P.O. Box Number is Not Acceptable)

929 JENKS AVE

83

84 City

PANAMA CITY

FL

85 Zip Code
32401

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 JOSEPH W. SOWELL, SR. PRES.

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

(NOTE: Registered Agent signature required when reinstating)

7-22-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KELLY, ALLEN B.	
STREET ADDRESS	P.O. BOX 495 N/A	
CITY - ST - ZIP	WEWAHITCHKA FL	
TITLE	D	DELETE
NAME	YOUNGS, CLAYTON E., JR.	
STREET ADDRESS	P.O. BOX 2094 N/A	
CITY - ST - ZIP	WEWAHITCHKA FL	
TITLE	D	DELETE
NAME	SOWELL, JOE W.	
STREET ADDRESS	P.O. BOX 1986 N/A	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	Change	Addition
1.2 NAME	JOSEPH W. SOWELL, SR		
1.3 STREET ADDRESS	929 JENKS AVE		
1.4 CITY - ST - ZIP	PANAMA CITY, FL 32401		
2.1 TITLE	V. PRES	Change	Addition
2.2 NAME	JOSEPH W. SOWELL, JR.		
2.3 STREET ADDRESS	8346 HWY 22		
2.4 CITY - ST - ZIP	PANAMA CITY, FL 32401	Change	Addition
3.1 TITLE	SEC/TRES.	Change	Addition
3.2 NAME	TOM STEPHENS		
3.3 STREET ADDRESS	2501 HWY 231		
3.4 CITY - ST - ZIP	PANAMA CITY, FL 32405		
4.1 TITLE	D	Change	Addition
4.2 NAME	DR. JAMES TALKINGTON		
4.3 STREET ADDRESS	2428 JENKS AVE.		
4.4 CITY - ST - ZIP	PANAMA CITY, FL 32405		
5.1 TITLE	700001906087	Change	Addition
5.2 NAME	-07/26/96--01085--002		
5.3 STREET ADDRESS	***61.25		
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	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 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:

JOSEPH W. SOWELL, SR.

JOSEPH W. SOWELL, SR.

7-22-96

904-763-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017071

CR2E037 (3/96)