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Feb 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 1986
PANAMA CITY FL 32402

P.O. BOX 1986
PANAMA CITY FL 32402-1986



3. Date Incorporated or Qualified
03/11/1992

3a. Date of Last Report
07/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOWELL, JOSEPH W SR.
929 JENKS AVE.
PANAMA CITY FL 32401

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

JOSEPH W. SOWELL, SR.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME ST
STREET ADDRESS STEPHENS, TOM
CITY-ST-ZIP 2501 HWY 231
PANAMA CITY FL 32405

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS TALKINGTON, JAMES DR.
CITY-ST-ZIP 2428 JENKS AVE.
PANAMA CITY FL 32405

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS SOWELL, JOE W. SR.
CITY-ST-ZIP P.O. BOX 1986
PANAMA CITY FL 32402

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME SOWELL, JOE W. SR.
3.3 STREET ADDRESS 929 JENKS AVE
3.4 CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ DELETE
NAME D
STREET ADDRESS SOWELL, JOE W. JR.
CITY-ST-ZIP P.O. BOX 1986
PANAMA CITY FL 32402

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME SOWELL, JOE W. JR.
4.3 STREET ADDRESS 929 JENKS AVE
4.4 CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: JOSEPH W. SOWELL, SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-97

CR2E037 (9/96)