

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 02 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N47791** (1)  
1. Corporation Name  
**TUPELO HUNTING CLUB, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>P.O. BOX 1986<br/>PANAMA CITY FL 32402</b> | Mailing Address<br><b>P.O. BOX 1986<br/>PANAMA CITY FL 32402</b> |
|--|--|

3. Date Incorporated or Qualified

**03/11/1992**

4. FEI Number

**59-3113285**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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.  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-10-98  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>ST</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>STEPHENS, TOM</b>        |  |
| STREET ADDRESS | <b>2501 HWY 231</b>         |  |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32405</b> |  |

|                    |          |
|--------------------|----------|
| 1.1 TITLE          | <b>D</b> |
| 1.2 NAME           |          |
| 1.3 STREET ADDRESS |          |
| 1.4 CITY-ST-ZIP    |          |

|                    |                              |  |
|--------------------|------------------------------|--|
| 2.1 TITLE          | <b>CAROLE T. SOWELL</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>8346 HWY 22</b>           |  |
| 2.3 STREET ADDRESS | <b>PANAMA CITY, FL 32404</b> |  |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>TALKINGTON, JAMES DR.</b> |  |
| STREET ADDRESS | <b>2428 JENKS AVE.</b>       |  |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32405</b>  |  |

|                    |  |
|--------------------|--|
| 2.1 TITLE          |  |
| 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    |  |   |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SOWELL, JOE W. SR.</b> |                                 |
| STREET ADDRESS | <b>929 JENKS AVE</b>      |                                 |
| CITY-ST-ZIP    | <b>PANAMA CITY FL</b>     |                                 |

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

|                    |                              |  |
|--------------------|------------------------------|--|
| 4.1 TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>JOE W. SOWELL, JR</b>     |  |
| 4.3 STREET ADDRESS | <b>929 JENKS AVE</b>         |  |
| 4.4 CITY-ST-ZIP    | <b>PANAMA CITY, FL 32401</b> |  |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SOWELL, JOE W. JR.</b> |                                 |
| STREET ADDRESS | <b>929 JENKS AVE</b>      |                                 |
| CITY-ST-ZIP    | <b>PANAMA CITY FL</b>     |                                 |

|                    |          |
|--------------------|----------|
| 4.1 TITLE          | <b>D</b> |
| 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    |  |   |

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|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

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| 5.1 TITLE          |  |
| 5.2 NAME           |  |
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| 5.4 CITY-ST-ZIP    |  |

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|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-ZIP    |  |   |

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|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

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| 6.1 TITLE          |  |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

|                    |  |   |
|--------------------|--|---|
| 7.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7.2 NAME           |  |   |
| 7.3 STREET ADDRESS |  |   |
| 7.4 CITY-ST-ZIP    |  |   |

14. I 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. 6-10-98 929-763-8975

CR2E037 (10/97)