

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthan, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49504 (6)

1. Corporation Name
PACETTI'S HUNTING CLUB, INC.



Principal Place of Business P.O. BOX 3791 ST. AUGUSTINE FL 32085	Mailing Address P.O. BOX 3791 ST. AUGUSTINE FL 32085-3791
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 04/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3118832	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SIRAGUSA, MICHAEL A.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085-3007

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	No change from block # 12
NAME	RAULERSON, CARL	1.2 NAME	←
STREET ADDRESS	3354 RAULERSON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	WALTON, SHANE	2.2 NAME	Chris Masters
STREET ADDRESS	2831 DEL RIO DRIVE	2.3 STREET ADDRESS	5930 Armstrong Rd. Lot B
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	Elkton, FL 32033
TITLE	SD	3.1 TITLE	SD
NAME	STRICKLAND, WAYNE R	3.2 NAME	Brian Burchfield
STREET ADDRESS	P O BOX 4226 N/A	3.3 STREET ADDRESS	2900 Pleasure Ln
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Aug. FL 32095
TITLE	TD	4.1 TITLE	TD
NAME	LEGGERT, ROY	4.2 NAME	Wayne Strickland
STREET ADDRESS	3484 CHURCH ROAD	4.3 STREET ADDRESS	Po Box 4226 or 399 Fortuna Ave.
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	St. Aug. FL 32085-4226
TITLE	D	5.1 TITLE	D
NAME	BURCHFIELD, BRIAN	5.2 NAME	Michael Burchfield
STREET ADDRESS	2900 PLEASURE LANE	5.3 STREET ADDRESS	1480 St. marks Pond Blvd.
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	St. Aug. FL 32095
TITLE	D	6.1 TITLE	No change from
NAME	MILLS, JERRY	6.2 NAME	block #12
STREET ADDRESS	P.O. BOX 3767 3545 LEWISPEEDWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	

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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 my address.

CR2E037 (9/96)