

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N 50965
1. Corporation Name
Pringle Swamp Hunting Club, Inc.

Principal Place of Business P.O. Box 353843 Palm Coast, FL 32135	Mailing Address P.O. Box 353843 Palm Coast, FL 32135
--	--

2. Principal Place of Business 21 7910 CR 13 South Suite, Apt. #, etc. 22 City & State 23 Hastings FL Zip 24 32145	2a. Mailing Address 26 7910 CR 13 South Suite, Apt. #, etc. 27 City & State 28 Hastings FL Zip 29 32145	Country 25 St. Johns 30 St. Johns
---	--	---

3. Date Incorporated or Qualified 9-22-92	3a. Date of Last Report 11-4-96
--	------------------------------------

4. FEI Number 59-3169089	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

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

Paul M. Guntharp, JR.
Chimento + Katz, P.A.
4B Old Kings Road North
Palm Coast, FL

10. Name and Address of New Registered Agent

81 Name N/A
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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	10/0 <input type="checkbox"/> DELETE
NAME	Joe Roberts
STREET ADDRESS	95 Wellshire LN
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	10/0 <input type="checkbox"/> DELETE
NAME	Steven Durrance
STREET ADDRESS	6150 Oakliff Pepper Rd.
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	10/0 <input type="checkbox"/> DELETE
NAME	Jonathan Bell
STREET ADDRESS	7910 CR 13 South
CITY-ST-ZIP	Hastings FL 32145
TITLE	10/0 <input type="checkbox"/> DELETE
NAME	Shelley Humphries
STREET ADDRESS	3920 Curry Road
CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Jonathan Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jonathan Bell

4-8-97

Date

904-692-2137

Daytime Phone #

CR2E037 (9/96)