

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

RECEIVED
MAY 12 1995

DOCUMENT # N94000004829 (7)

MAY 12 1995

SANDHILL HUNT CLUB, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address		Mailing Address		DO NOT WRITE IN THIS SPACE	
602 S. JEFFERSON STREET PERRY FL 32347		602 S. JEFFERSON STREET PERRY FL 32347		3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report
2. Principal Purpose or Purposes		2a. Mailing Address		4. FEI Number 59-3271052	Applied For Not Applicable
21. Code, App. #, etc.	26. State, App. #, etc.	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing (Total Fund Contribution) ☐		\$5.00 May Be Added to Fees	
23. City & State	28. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐		\$68.75 Supplemental Fee Not Required	
24. City & State	25. City & State	29. City & State		30. City & State	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**BLUME, JAMES V JR
602 S. JEFFERSON STREET
PERRY FL 32347**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 602, 603, and 604, 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 Sections 602, 603, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent with Name and Address)

(Signature of Registered Agent or Designated Agent with Name and Address)

(Signature)

12. OFFICERS AND DIRECTORS		13. APPLICANT'S STATEMENT OF CHANGES	
NAME	D EDWARDS, LEO RTE 1, BOX 195 PERRY FL 32347	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	D DIXON, JOHN L RTE 3, BOX 334 PERRY FL 32347	2. STREET ADDRESS	☒ Change ☐ Addition
CITY & STATE	D CARLTON, CHARLES RTE 2, BOX 85 PERRY FL 32347	3. CITY & STATE	☒ Change ☐ Addition
NAME	D BLAIR, JIMMY P.O. BOX 296 N/A STEINHATCHEE FL 32359	4. NAME	☐ Change ☐ Addition
STREET ADDRESS	D BLUME, JAMES V JR 602 S. JEFFERSON STREET PERRY FL 32347	5. STREET ADDRESS	☒ Change ☐ Addition
CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same implications as if made under oath. That I am an officer or director of this corporation or that I own or hold an ownership interest in this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this report or on an attached form with an address.

SIGNATURE:

James V. Blume Jr. Treasurer *James V. Blume Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (954)584-4460