

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005385 (9)

1. Corporation Name

OAK LEAF HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

1104 MONUMENT AVENUE
PORT ST. JOE FL 32456

1104 MONUMENT AVENUE
PORT ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/25/1994

4. FEI Number

☒ Applied For
☐ Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOYD, J. PATRICK
1104 MONUMENT AVENUE
PORT ST. JOE FL 32456

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FADIO, JOHN G
1011 WOODWARD AVENUE
PORT ST. JOE FL 32456

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

H. W. Norris
126 James Drive
Wewahitchka, Florida 32456

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FADIO, JOHN G JR.
107 SECOND AVENUE
PORT ST. JOE FL 32456

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

Steve Norris
105 Westcott Circle
Port St. Joe, Florida

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
NOBLES, TEEDY
1620 PALM BLVD
PORT ST. JOE FL 32456

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

J. Patrick Floyd
1104 Monument Avenue
Port St. Joe, FL 32456

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
NOBLES, BARRY
2111 PALM BLVD
PORT ST. JOE FL 32456

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BURKETT, MIKE
1962 COUNTY ROAD 30
PORT ST. JOE FL 32456

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
NORRIS, WILLIAM
182 BRANNON LANE
WEWAHITCHKA FL 32465

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95

904-227-7413