

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005385 (9)

1. Corporation Name

OAK LEAF HUNTING CLUB, INC.

Principal Place of Business

1104 MONUMENT AVENUE
PORT ST. JOE FL 32456

Mailing Address

1104 MONUMENT AVENUE
PORT ST. JOE FL 32456



3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

03/06/1995

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

4. FEI Number

APPLIED FOR 59-33000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director/secretary
BURKETT, MIKE
1962 COUNTY ROAD 30
PORT ST. JOE FL 32456

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director
NORRIS, WILLIAM
182 BRANNON LANE
WEWAHITCHKA FL 32465

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President

H. W. Norris

126 James Drive

Wewahitchka, Florida 32465

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Director

Steve Norris

105 Westcott Circle
Port St. Joe, FL 32456

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Vice-President

J. Patrick Floyd

1104 Monument Avenue

Port St. Joe, FL 32456

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Patrick Floyd

7/23/96

Date

904-227-7413

Daytime Phone #

CR2E037 (3/96)