

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005385 (9)**

1. Corporation Name  
**OAK LEAF HUNTING CLUB, INC.**

Principal Place of Business <b>1104 MONUMENT AVENUE PORT ST. JOE FL 32456</b>	Mailing Address <b>1104 MONUMENT AVENUE PORT ST. JOE FL 32456-2124</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/25/1994</b>		3a. Date of Last Report <b>06/02/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3300069</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FLOYD, J. PATRICK 1104 MONUMENT AVENUE PORT ST. JOE FL 32456</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FADIO, JOHN G</b>	1.2 NAME	<b>H. W. NORRIS</b>
STREET ADDRESS	<b>1011 WOODWARD AVENUE</b>	1.3 STREET ADDRESS	<b>126 JAMES DR</b>
CITY - ST - ZIP	<b>PORT ST. JOE FL 32456</b>	1.4 CITY - ST - ZIP	<b>WEWAHITCHKA, FLA 32461</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FADIO, JOHN G JR.</b>	2.2 NAME	<b>PATRICK FLOYD</b>
STREET ADDRESS	<b>107 SECOND AVENUE</b>	2.3 STREET ADDRESS	<b>1104 MONUMENT AVE</b>
CITY - ST - ZIP	<b>PORT ST. JOE FL 32456</b>	2.4 CITY - ST - ZIP	<b>PORT ST JOE, FLA 32456</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOBLES, TEEDY</b>	3.2 NAME	<b>STEPHEN NORRIS</b>
STREET ADDRESS	<b>1620 PALM BLVD</b>	3.3 STREET ADDRESS	<b>15 WESTGOTT CIRCLE</b>
CITY - ST - ZIP	<b>PORT ST. JOE FL 32456</b>	3.4 CITY - ST - ZIP	<b>PORT ST JOE, FLA 32456</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOBLES, BARRY</b>	4.2 NAME	<b>Bobby Nobles</b>
STREET ADDRESS	<b>2111 PALM BLVD</b>	4.3 STREET ADDRESS	<b>Box 21</b>
CITY - ST - ZIP	<b>PORT ST. JOE FL 32456</b>	4.4 CITY - ST - ZIP	<b>PORT ST JOE, FLA 32456</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>BURKETT, MIKE</b>	5.2 NAME	
STREET ADDRESS	<b>1962 COUNTY ROAD 30</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT ST. JOE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>NORRIS, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>182 BRANNON LANE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEWAHITCHKA FL 32465</b>	6.4 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: W. Norris **W. Norris** January 30, 1997 904-639-589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0010255

CR2E037 (9/96)