

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002925 (4)

1. Corporation Name

TREE CAPITAL COON HUNTERS CLUB, INC.



Principal Place of Business

Mailing Address

3291 US 19 S
PERRY FL 32347

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PERRY FL 32347

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Rt. 2 Box 53-B

4. FEI Number

59-3334341

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Perry, Fla.

Zip

Country

Zip

Country

32347

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAIN, ROBERT R
3291 US 19 S
PERRY FL 32347

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

Robert R Swain
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

NAME MARK KIRK
STREET ADDRESS Rt. 1 Box 1443
CITY-ST-ZIP PERRY, FL 32347

1.1 TITLE Vice-President ☒ Change ☐ Addition

1.2 NAME Mark Kirk
1.3 STREET ADDRESS Rt. 1 Box 1443
1.4 CITY-ST-ZIP Perry, FL 32347

TITLE VICE-President ☐ DELETE

NAME Danny Williams
STREET ADDRESS Rt. 2 Box 53-B
CITY-ST-ZIP Perry, FL 32347

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME Danny Williams
2.3 STREET ADDRESS Rt. 2 Box 53-B
2.4 CITY-ST-ZIP Perry, FL 32347

TITLE Secretary/Treasurer ☐ DELETE

NAME Debbie Williams
STREET ADDRESS Rt. 2 Box 53-B
CITY-ST-ZIP Perry, FL 32347

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Board of Directors ☐ DELETE

NAME Robert Swain
STREET ADDRESS 3291 US 19 S.
CITY-ST-ZIP Perry, FL 32347

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Jim Brannen Board of Directors ☒ DELETE

NAME P. Jim Brannen
STREET ADDRESS P.O. Box 1782 N/A
CITY-ST-ZIP Perry, FL 32347

5.1 TITLE Board of Director ☐ Change ☒ Addition

5.2 NAME Chester McAffee
5.3 STREET ADDRESS Rt. 4 Box 338
5.4 CITY-ST-ZIP Perry, FL 32347

TITLE Board of Directors ☐ DELETE

NAME Flynn Welch
STREET ADDRESS P.O. Box 558
CITY-ST-ZIP Shady Grove, FL 32357

6.1 TITLE ☐ Change ☐ Addition

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 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:

Robert R Swain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

904-584-3969

Daytime Phone #

CR2E037 (12/95)