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Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32347RT 2 BOX 53B
PERRY FL 32347-8612
US3. Date Incorporated or Qualified
06/16/19953a. Date of Last Report
03/19/1996

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

29

30

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

Robert R. Swain

3-25-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, MARK	
STREET ADDRESS	RT 1 BOX 1443	
CITY-ST-ZIP	PERRY FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Danny	
1.3 STREET ADDRESS	RT 2 BOX 53-B	
1.4 CITY-ST-ZIP	Perry, FL 32347	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM, DANNY	
STREET ADDRESS	RT 2 BOX 53B	
CITY-ST-ZIP	PERRY FL	

2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brad Sheffield	
2.3 STREET ADDRESS	RT 1 BOX 561	
2.4 CITY-ST-ZIP	Perry, FL 32347	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DEBBIE	
STREET ADDRESS	RT 2 BOX 53B	
CITY-ST-ZIP	PERRY FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAIN, ROBERT	
STREET ADDRESS	3291 US 19 S	
CITY-ST-ZIP	PERRY FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jay Kinsey	
4.3 STREET ADDRESS	Hwy 98	
4.4 CITY-ST-ZIP	Perry, FL 32347	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANNEN, JIM	
STREET ADDRESS	P O BOX 1782 NA	
CITY-ST-ZIP	PERRY FL	

5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, FLYNN	
STREET ADDRESS	P O BOX 558 NA	
CITY-ST-ZIP	SHADY GROVE FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John Causey	
6.3 STREET ADDRESS	104 Poppell Dr.	
6.4 CITY-ST-ZIP	Perry, FL 32347	

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: Debbie Williams

3-26-97

904-578-2319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0000116

CR2E037 (9/96)