

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90081 037 ****61.25

0009334

DOCUMENT # N95000002925

1. Corporation Name

TREE CAPITAL COON HUNTERS CLUB, INC.

Principal Place of Business

3291 US 19 S
PERRY FL 32347

Mailing Address

RT 1 BOX 1443
PERRY FL 32347
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/16/1995

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

9. Name and Address of Current Registered Agent

SWAIN, ROBERT R
3291 US 19 S
PERRY FL 32347

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 **P** ☒ DELETE
NAME **BRANNEN, J**
STREET ADDRESS **PINE BLUFF RD**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **VP** ☒ DELETE
NAME **SWAIN, R**
STREET ADDRESS **3363 US 19 S**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **ST** ☒ DELETE
NAME **KIRK, M**
STREET ADDRESS **RT BOX 1443**
CITY-ST-ZIP **PERRY FL**

TITLE **D** ☐ DELETE
NAME **WELCH, F**
STREET ADDRESS **POB**
CITY-ST-ZIP **SHADY GROVE FL 32348**

TITLE **D** ☐ DELETE
NAME **KINSEY, J**
STREET ADDRESS **HWY 98**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **D** ☐ DELETE
NAME **CAUSEY, J**
STREET ADDRESS **104 POPPELL DR**
CITY-ST-ZIP **PERRY FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

P SWAIN Robert ☒ Change ☐ Addition
3363 US 19 S
PERRY FL 32347

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

VP ☒ Change ☐ Addition
MARK KIRK
RT BOX 1443
PERRY FL 32347

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

ST ☐ Change ☒ Addition
Bickel John
100 OSCEOLA RD.
PERRY FL 32347

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 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, with all other like empowered.

SIGNATURE:

John Bickel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Bickel (ST)

Date

Daytime Phone #

CR2E037 (11/98)