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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003952 (7)**

1. Corporation Name

PETTIS SPRINGS HUNTING CLUB, INC.



Principal Place of Business ROUTE 2, BOX 148 GREENVILLE FL 32331	Mailing Address ROUTE 2, BOX 148 GREENVILLE FL 32331
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3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

59-3350013

Applied For

Not Applicable

2. Principal Place of Business

21 **Rt. 2, Box 1002-C**

Suite, Apt. #, etc.

22 **Madison, FL**

City & State

23 **32340**

Zip

Country **USA**

24

2a. Mailing Address

26 **Rt. 2, Box 1002-C**

Suite, Apt. #, etc.

27

City & State

28 **Madison, FL**

Zip

29 **32340**

Country **USA**

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ROSS, WESLEY
ROUTE 2, BOX 148
GREENVILLE FL 32331**

10. Name and Address of New Registered Agent

81 Name

Wesley Ross

82 Street Address (P.O. Box Number is Not Acceptable)

Rt. 2, Box 1002-C

83

Madison, FL

84 City

Madison

FL

85 Zip Code

32340

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

Wesley Ross Wesley Ross

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

(NOTE: Registered Agent signature required when reinstating)

3-9-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PT**

STREET ADDRESS **ROSS, WESLEY**

CITY-ST-ZIP **RT 2 BOX 148**

GREENVILLE FL

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **CONE, JAY**

CITY-ST-ZIP **RT 3 BOX 7-F**

GREENVILLE FL

TITLE ☐ DELETE

NAME **VPO**

STREET ADDRESS **PAGE, III E**

CITY-ST-ZIP **P.O. BOX 578 NA**

MADISON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Wesley Ross**

1.3 STREET ADDRESS **Rt. 2, Box 1002-C**

1.4 CITY-ST-ZIP **Madison, FL 32340**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: **Wesley Ross Wesley Ross** **3-9-98** **850-973-4001**

CR2E037 (10/97)