

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**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90056 029 \*\*\*\*61.25

0009106

**DOCUMENT # N95000003952**

1. Corporation Name

**PETTIS SPRINGS HUNTING CLUB, INC.**

Principal Place of Business

R 2 BOX 1002C  
MADISON FL 32340  
US

Mailing Address

R 2 BOX 1002C  
MADISON FL 32340  
US



2. Principal Place of Business

21 **P.O. Box 971**

Suite, Apt. #, etc.

22 **Hwy. 145-N**

City & State

23 **Madison, FL USA**

Zip Country

24 **32341** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

**08/17/1995**

4. FEI Number

**59-3350013**

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

**ROSS, WESLEY  
RT 2 BOX 1002C  
MADISON FL 32340**

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

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

(NOTE: Registered Agent signature required when reinstating)

**3-15-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **ROSS, WESLEY**  
STREET ADDRESS **RT 2 BOX 1002C**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☒ DELETE

NAME **CONE, JAY**  
STREET ADDRESS **RT 3 BOX 7-F**  
CITY-ST-ZIP **GREENVILLE FL**

TITLE **VPD** ☐ DELETE

NAME **PAGE, III E**  
STREET ADDRESS **P.O. BOX 578 NA**  
CITY-ST-ZIP **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

11 TITLE **Director** ☐ Change ☒ Addition

12 NAME **Gary Henderson**  
13 STREET ADDRESS **C.R. 354**  
14 CITY-ST-ZIP **Madison, FL 32340**

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

*Wesley Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-99 850973-4001**

CR2E037 (11/98)