

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 # N95000004965  
1. Corporation Name **ROCKY BRANCH HUNTING CLUB INC.**

**ROCKY BRANCH HUNTING CLUB INC.**

Principal Place of Business Mailing Address

**4171 ROCKY BRANCH ROAD  
CANTONMENT, FLORIDA 32533**

3. Date Incorporated or Qualified **10 -18- 1995** 3a. Date of Last Report

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	4. FEI Number 41 Applied For 42 Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRED T. JOHNSON  
4171 ROCKY BRANCH ROAD  
CANTONMENT, FL. 32533**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 **FRED T. JOHNSON "PRESIDENT"**

DATE **4 - 9 -96**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PRESIDENT P.</b> <input type="checkbox"/> DELETE
NAME	<b>FRED T. JOHNSON</b>
STREET ADDRESS	<b>4171 ROCKY BRANCH ROAD</b>
CITY - ST - ZIP	<b>CANTONMENT, FL. 32533</b>
TITLE	<b>VICE PRESIDENT V.P.</b> <input type="checkbox"/> DELETE
NAME	<b>DAVID FOSTER</b>
STREET ADDRESS	<b>4001 ROCKY BRANCH ROAD</b>
CITY - ST - ZIP	<b>CANTONMENT, FL. 32533</b>
TITLE	<b>SECT/ TRES. S/T</b> <input type="checkbox"/> DELETE
NAME	<b>FAYE JOHNSON</b>
STREET ADDRESS	<b>4171 ROCKY BRANCH ROAD,</b>
CITY - ST - ZIP	<b>CANTONMENT, FL. 32533</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>500001832205</b>
44 CITY - ST - ZIP	<b>-05/21/96--00000--0001</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>***70.00</b>
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>5-26-96</b>
64 CITY - ST - ZIP	<b>JR</b>

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: **Fred T. Johnson** FRED T. JOHNSON 4-9-96-(904)587-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)