

DOCUMENT # N95000004965

1. Entity Name

ROCKY BRANCH HUNTING CLUB INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90092 025 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4171 ROCKY BRANCH ROAD CANTONMENT FL 32533 4171 ROCKY BRANCH ROAD CANTONMENT FL 32533-7263

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, FRED T
4171 ROCKY BRANCH ROAD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Includes entries for JOHNSON, FRED T; FOSTER, DAVID; JOHNSON, FAYE; THOMPSON, J. W.; HENNINGTON, MARK; JOHNSON, JACKIE.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Includes checkboxes for Change and Addition.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3-17-00 (850) 587-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)