

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Hatham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004307 (2)

1. Corporation Name

TOWER HUNTING CLUB INC.

Principal Place of Business

Mailing Address

RT. 2 BOX 148
GREENVILLE FL 32331

RT. 2 BOX 148
GREENVILLE FL 32331-0513

3. Date Incorporated or Qualified

08/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Rt 2 Box 1002-C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Madison FL

Zip

Country

Zip

Country

24

25

29

30

32340

Madison

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, WESLEY
RT. 2 BOX 148
GREENVILLE FL 32331

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D President
CALVIN Touchton
Rt 1 Box 88
Greenville FL 32331

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D Vice-President
Wesley Ross
Rt 2 Box 1002-C
Madison FL 32340

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D Secretary-Treasurer
Rocky Clement
1565 Spring Hollow DR
Monticello FL 32344

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 (904) 973-4001

Date

Daytime Phone # 0000285

CR2E037 (9/96)