## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600004307 (2)

TOWER HUNTING CLUB INC.

	TIONING SEED ING.			
Principal Place of Business		Malting Address		. Charling and races divit many dates dates dates dates and dates and dates and dates and the same and the sa
RT. 2 BOX 148 GREENVILLE FL 32331		RT 2 BOX 1002-C MADISON FL 32340		3. Date Incorporated or Qualified 08/15/1996
<b> </b>		US		4. FEI Number   Applied For
				APPLIED FOR 59-347519 Not Applicab
2. Principal Place of Business 21 Rh. 2. Box 1003-C		2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Requised
Suite, Apt. #, etc.		Suite, Apt. #, etc.	77.	6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution
City & State  23 Medison FL		City & State		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑→No
Zip Country			Country	8. This corporation owes or has paid the current year Intangible
24 3234		29	30	Personal Property Tax due June 30. Yes
	9. Name and Address of Curre		81 Nami	10. Name and Address of New Registered Agent
	OX 148 /ille fl 32331		83 84 City	Address (B.O. Box Number is Not Acceptable)  Madison  FL 85 Zip Code  3 3 40
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida: Such change was gations of, Section 617.0503, Fl Wesley R	authorized by the colorida Statutes.	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered are required when reinstating).
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TOUCHTON, CALVIN		1.2 NAME	
STREET ADDRESS	RT 1 BOX 88		1.3 STREET ADDRESS	s
CITY-ST-ZIP	GREENVILLE FL 32331	T ares	1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	Change Addition
NAME ATOMET ADOMESIC	ROSS, WESLEY RT 2 BOX 1002-C		2.2 NAME	
STREET ADORESS CITY-ST-ZIP	MADISON FL 32340		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	5
TITLE	DST	☐ DELETE	3.1 TITLE	Change Addition
NAME	CLEMENT, ROCKY		3.2 NAME	
STREET ADDRESS	1565 SPRING HOLLOW DR		3.3 STREET ADDRESS	s
CITY-ST-ZIP	MONTICELLO FL 32344		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	S
CITY-ST-ZIP		T KE FEF	4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	<del></del>	I DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE		L. VELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	S I

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.

SIGNATURE:

Ligaly For wesley Hoss

3-9-98

850-973-4001

**FILED** 

Mar 24 1998 8:00am

Secretary of State