

FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004542

1. Corporation Name
BREEDING GROUND STILL HUNT CLUB, INC.

Principal Place of Business P O BOX 1357 PERRY FL 32348 US	Mailing Address P O BOX 1357 PERRY FL 32348 US
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2. Principal Place of Business 21 4970 Roping Lane Suite, Apt. #, etc. 22 City & State 23 Perry FL Zip 24 32347	2a. Mailing Address 26 4970 Roping Lane Suite, Apt. #, etc. 27 City & State 28 Perry FL Zip 29 32347	3. Date Incorporated or Qualified 08/30/1996	4. FEI Number 59-3351903 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent BLUE, WARREN C P O BOX 1357 PERRY FL 32348	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARWOOD, DANNY	1.2 NAME	
STREET ADDRESS	4211 FRANKS FAIR LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, JOHNNY	2.2 NAME	
STREET ADDRESS	RT 5 BOX 52	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGHTER, JIMMY	3.2 NAME	
STREET ADDRESS	RT 5 BOX 356 SHAUGHTER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTEAD, JAMES	4.2 NAME	
STREET ADDRESS	RT 3 BOX 87	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32341	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, W C	5.2 NAME	
STREET ADDRESS	P O BOX 1357 BOYD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32348	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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: Warren C Blue **SIGNATURE REQUIRED** 2/8/99 850 584-4139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)