SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

2. Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Salidra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9700003546 (5)

GREENHEAD HUNTING CLUB, INC.

Malling Address Principal Place of Business 6006 HIGHWAY 77 3. Date incorporated or Qualified 6006 HIGHWAY 77 CHIPLEY FL 32428 CHIPLEY FL 32428 4. FEI Number

2a. Mailing Address

FILED Aug 26 1998 8:00am[§] Secretary of State



Applied For Not Applicable

06/18/1997

	Principal Place of Business				2a. Mailing Address					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.				Sulte, Apt. #, etc.							
22	w, 010.		27		., 0.0.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State				City & State					+	7. Is this nonprofit corporation a homeowners association?	
23			28	26						Yes No	
	Zip Country			Zip	· }				8. This corporation owes or has paid the current year intangible		
24 29 30						30	l]			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent			
A. 1171.1 A.						81	<u>'</u>	Name			
SMITH, CALVIN L JR 6006 HIGHWAY 77							82 Street Address (P.O. Box Number is Not Acceptable)				
							00				
CHIPLEY FL 32428							83				
						- 84	4	City		FI 85 Zip Code	
11. Pursuant to	o the provisio	ons of sections 617.0502	and 617	.1508, Florid	a Statutes, ti	he above-i	nar	med corporat	tion	n 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 ages	ni and title t	f applicable.	(NOTE	: Registered /	Ager	nt skonsture regul	lred v	d when reinstating) DATE	
12,		OFFICERS AN				13.	_			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D				DELETE	1.1 TITLE		$\overline{}$		Change Additio	
NAME	, -	ALVIN L JR		ليا	DECETE	1.2 NAME		- 1			
STREET ADDRESS	6006 HIGH					1.3 STREE		nneess			
CITY-ST-ZIP	CHIPLEY					1.4 CITY-5					
TITLE	D	FL 32420				2.1 TITLE		(IP			
NAME	<u>.</u>	ALVIN L III			DELETE	2.2 NAME				Change Additio	
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	CHIPLEY					1		1			
CITY-ST-ZIP TITLE	D	FL 32420				2.4 CITY-S		<u> </u>			
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STREET ADDRESS	CHIPLEY										
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NAME								200500			
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CITY-ST-ZIP						4.4 CITY-S 5.1 TITLE	_	IIP			
TITLE NAME					DELETE	5.2 NAME				200002625 9⊉ © ^{ang.} □ Additio -08/27/9801001- -0 03	
STREET ADDRESS						5.3 STREE		DDRESS		-08/2 (/9801001 0 09	
						5.4 CITY-5				***61.25	
CITY-ST-ZIP TITLE					DELETE	6.1 TITLE				Change Additio	
NAME					DELETE	6.2 NAME		ł		ال Change الم	
						6.3 STREE		.nnpess		ΨL	
STREET ADDRESS						6.4 CITY-S		1		`g.U	
CITY-ST-ZIP	ertify that the	information supplied wit	h this filir	na does not a	ualify for the	evemntle	\n e	etated in each	tion	on 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated (on this annu: or director of	al report or supplementa f the corporation or the ro is if changed or op an at	annuai Repiver o	report je true or tru ele e em	and accura powered to	te and that execute th	atm nisi	ny signature report as rec	shaquir	hall have the same legal effect as if made under oath; that I am ired by Chapter 617, Florida Statutes; and that my name appears	