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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90018 028 \*\*\*\*61.25

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1. Corporation Name

12 MILE HUNTING CLUB, INC.

Principal Place of Business

3340 STANLEY DRIVE  
ST. AUGUSTINE FL 32092

Mailing Address

3340 STANLEY DRIVE  
ST. AUGUSTINE FL 32092



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

10/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 59-3492491

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNER, ROBIN H ESQ  
1750 A1A SOUTH  
SUITE B  
ST. AUGUSTINE FL 32084

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 D  
NAME BLOUNT, CHARLES  
STREET ADDRESS 217 WATERWOOD LANE  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME DANESE, ROLAND  
STREET ADDRESS 3611 JULINGTON CREEK ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME LOVETT, DARREN  
STREET ADDRESS 250 GUN CLUB ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P  
NAME STRATTON, D M SR  
STREET ADDRESS 7640 BAYARD BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V  
NAME POVIA, GENE  
STREET ADDRESS 5230 ST. AMBRASE CHURCH ROAD  
CITY-ST-ZIP ELKTON FL 32033

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ST  
NAME ORTAGUS, BILLY  
STREET ADDRESS 3340 STANLEY DRIVE  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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, with all other like empowered.

SIGNATURE:

William F. Ortagus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)