


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90061 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003156					
1. Corporation Name WILLIAMS LAKE AREA HUNTING CLUB, INC.					
Principal Place of Business 12778 CHUMUCKLA HWY. JAY FL 32565			Mailing Address 12778 CHUMUCKLA HWY. JAY FL 32565		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/03/1998 4. FEI Number 59-3549414 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 DIAMOND, JOHN MARSHALL 12778 CHUMUCKLA HWY. JAY FL 32565				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

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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWTHORNE, RONNIE			1.2 NAME			
STREET ADDRESS	5624 FIRESTONE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PACE FL 32571			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAMOND, JOHN M			2.2 NAME			
STREET ADDRESS	12778 CHUMUCKLA HWY.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JAY FL 32565			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWTHORNE, WAYNE			3.2 NAME			
STREET ADDRESS	4227 MORRISTOWN ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	JAY FL 32565			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOMILLION, TONY			4.2 NAME			
STREET ADDRESS	5324 BOB SIKES BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	JAY FL 32565			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, MARSHALL			5.2 NAME			
STREET ADDRESS	4207 MORRISTOWN ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	JAY FL 32565			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, LOMAX			6.2 NAME			
STREET ADDRESS	HIGHWAY 164			6.3 STREET ADDRESS			
CITY-ST-ZIP	JAY FL 32565			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: *John M. Diamond* **SIGNATURE REQUIRED** *1-25-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)