FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000012021 (1)**

1. Corporation Name
JENNINGS BLUFF HUNTING PRESERVE, INC.

Principal Place of Business	Mailing Address
RT 1, BOX 20A JENNINGS FL 32053 US	RT 1, BOX 20A JENNINGS FL 32053 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business	2a. Mailing Address
21 Rt 2 Box 4250	26 Rt 2 Box 4250
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jennings, FL	28 City & State: Jennings, FL
24 Zip: 32053 25 Country: Hamilton	29 Zip: 32053 30 Country: Hamilton

4. FEI Number: 59-3158065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAW, H S JR
RT 1 BOX 20A
JENNINGS FL 32053

10. Name and Address of New Registered Agent

81 Name: W. G. Autrey, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): Rt 2 Box 4310
83
84 City: Jennings FL 85 Zip Code: 32053

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of new or previous registered agent and the # applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	TOLBERT, W. TROY	12 NAME		
STREET ADDRESS	302 RIDGE RD	13 STREET ADDRESS		
CITY-ST-ZIP	VALDOSTA GA 31602	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	AUTREY, W G JR	22 NAME		
STREET ADDRESS	311 E CENTRAL AVE	23 STREET ADDRESS	Rt 2 Box 4310	
CITY-ST-ZIP	VALDOSTA GA 31601	24 CITY-ST-ZIP	Jennings, FL 32053	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	LAW, H S JR	32 NAME	No longer a director.	
STREET ADDRESS	RT 1 BOX 20A	33 STREET ADDRESS		
CITY-ST-ZIP	JENNINGS FL 32053	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401141 FP