

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 21 PM 1:49

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DOCUMENT # P94000002957
1. Corporation Name

WILDWOOD COUNTRY CLUB, INC.

Principal Place of Business Mailing Address

P.O. BOX 966 CRAWFORDVILLE, FL 32326 SAME

3. Date Incorporated or Qualified	3a. Date of Last Report
01/12/94	5/1/95
4. FEI Number	Applied For
59-3219502	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

RAY BOLES
2679 Crawfordville Hwy.
Crawfordville, FL 32327

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

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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Boles	1.2 NAME	
STREET ADDRESS	2679 Crawfordville Hwy.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Crawfordville, FL 32327	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George E. Crum	2.2 NAME	
STREET ADDRESS	P.O. Box 272, N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	Crawfordville, FL 32326	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Herring	3.2 NAME	
STREET ADDRESS	557 Wakulla Springs Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Crawfordville, FL 32327	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry Kennedy	4.2 NAME	
STREET ADDRESS	1635 Shell Point Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Crawfordville, FL 32327	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Broward Sapp	5.2 NAME	
STREET ADDRESS	34 Carmel Lane	5.3 STREET ADDRESS	
CITY-ST-ZIP	Crawfordville, FL 32327	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Strickland	6.2 NAME	
STREET ADDRESS	P.O. Box 473, N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	Crawfordville, FL 32326	6.4 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)(k), 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.

SIGNATURE: *X George E. Crum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)



2

November 19, 1996

Florida Department of State
Secretary of State
Division of Corporations
ATTN: GRETCHEN HARVEY
Post Office Box 6327
Tallahassee, FL 32314

RE: Wildwood Country Club, Inc.
59-3219502

Dear Ms. Harvey,

Due to Crawfordville changing from Route Boxes to E911 addresses, I did not receive the annual report notice and therefore did not complete the corporation annual report.

I am enclosing a check for \$200.00.

Please change my address to:

Ray Boles
Post Office Box 966
Crawfordville, FL 32326-0966

Thank you for your help.

Sincerely,

Ray Boles, Registered Agent
Wildwood Country Club, Inc.

RB/lb