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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

DOCUMENT # **P94000002957 (6)**

1. Corporation Name
**WILDWOOD COUNTRY CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 966<br>CRAWFORDVILLE FL 32326 | P.O. BOX 966<br>CRAWFORDVILLE FL 32326-0966 |

3. Date Incorporated or Qualified: **01/12/1994**
3a. Date of Last Report: **11/21/1996**

2. Principal Place of Business
21 **3870 Coastal Highway**
22 Suite, Apt. #, etc.
23 City & State: **Crawfordville, FL**
24 Zip: **32327** 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **59-3219502** ☐ 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

**BOLES, RAY**
**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 (If changing Registered Agent, Signature of New Registered Agent required) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BOLES, RAY | | 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 | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CRUM, GEORGE E | | 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 | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HERRING, TERRY | | 3.2 NAME | |
| STREET ADDRESS | 557 WAKULLA SPRINBS RD. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | KENNEDY, PERRY | | 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 | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAPP, BROWARD | | 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 | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | STRICKLAND, LARRY | | 6.2 NAME | |
| STREET ADDRESS | P.O. BOX 473, N/A | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** R. Boles Ray Boles 3-17-97 (904)926-6222

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

0050280