


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 13 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 # **P94000083535 (2)**

1. Corporation Name
INFERNAL CLUB, INC.



Principal Place of Business 100 UNION STREET PERRY FL 32347	Mailing Address 201 S WARNER AVE PERRY FL 32347 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1994		3a. Date of Last Report 06/19/1996	
21 Sulte, Apt. #, etc.		26 Sulte, Apt. #, etc.		4. FEI Number 59-1716830		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WOODFAULK, RANDOLPH 201 S WARNER AVE PERRY FL 32347				10. Name and Address of New Registered Agent			
				81 Name <i>Randolph Woodfaulk</i>			
				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 *Randolph Woodfaulk* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	WOODFAULK, RANDOLPH		1.1 TITLE			
NAME	WOODFAULK, RANDOLPH			1.2 NAME	<i>Randolph Woodfaulk</i>		
STREET ADDRESS	201 SOUTH WARNER STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347			1.4 CITY-ST-ZIP			
TITLE	VPSD	WOODFAULK, RODNEY V		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODFAULK, RODNEY V			2.2 NAME			
STREET ADDRESS	201 SOUTH WARNER STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347			2.4 CITY-ST-ZIP			
TITLE	T	WOODFAULK, FLORA		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODFAULK, FLORA			3.2 NAME			
STREET ADDRESS	201 SOUTH WARNER STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347			3.4 CITY-ST-ZIP			
TITLE	TD	WOODFAULK, RORY V		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODFAULK, RORY V			4.2 NAME			
STREET ADDRESS	201 SOUTH WARNER STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347			4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 *Randolph Woodfaulk* 8/12/97 (94) 504-7777

CR2E034 (4/97)