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PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

1996

P95000032230 (1)

 Corporation Name HARVINS' HAMMOCK SPORTING CLAYS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

32092

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc

163 PARKSIDE AVE. ORANGE PARK FL 32065

2. Principal Place of Business

Suite, Apt. #, etc.

23 ST AUGUSTINE

HARVIN, DENNIS C

163 PARKSIDE AVE. **ORANGE PARK FL 32065**

City & State

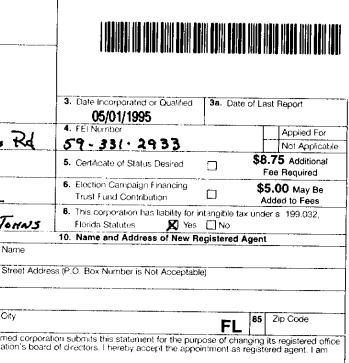
22

1790 Pon Boy Farms

163 PARKSIDE AVE. ORANGE PARK FL 32065

ST AUGUSTINE

26 1790 POA Boy Farms Kd



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. Thereby accept the appointment as registered agent. Lam SIGNATURE Standard typed or proted han electropolered agree as a big if applicable di-CITE. Regulated Agent's grature, required when relistating DATE 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1 1 TITLE Change Addition NAME HARVIN, DENNIS C 1.2 NAME STREET ADDRESS 163 PARKSIDE AVE. 1.3 STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** 1.4 CITY - ST-ZIP TITLE DELETE 2 1 THLE Change ☐ Addition NAME HARVIN, MARY A 22 NAME STREET ADDRESS 163 PARKSIDE AVE. 2.3 STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-7IP 2 4 CITY - ST - ZIP TITLE ☐ DELETE 3 1 TITLE ☐ Change Add-tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY ST-ZP TITLE DELETE 4 1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADOPESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TiTLE Change Addition MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIP

Name

83 84 City

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 inclicated 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 appears in Block 12 or Block 13 if changed, or of an authority with an address

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR