NAME

STREET ADDRESS

SIGNATURE:

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000068391 (8) BACK 9 HUNTING CLUB, INC. Principal Place of Business Mailing Address 8431 NEW KINGS ROAD 8431 NEW KINGS ROAD JACKSONVILLE FL 32219 JACKSONVILLE FL 32219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1995 2. Principal Place of Business 24. Mailing Address 4. FEI Number Applied For 21 59-2257793 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Zio Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ISAAC, FRED C 2468 ATLANTIC BLVD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1 1 TITLE REAVES, JOHN J JR NAME 1.2 NAME 8431 NEW KINGS ROAD STREET ACCORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32219 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ■ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition

> 6.2 NAME 6.3 STREET ADDRESS

14. I 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 as 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 forther or director of the corporation or the forther or director of the corporation of the cor

JOHN J. REALLY Je Press 4-30-98

904-765-4666