1999

BACK 9 HUNTING CLUB, INC.



DOCUMENT # P9500068391

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90191 049 ***150.00

Principal Pface					[[]]] 48]]]] 49]]	8148) 19188 11119	19191 1191 1991			
8431 NEW KINGS ROAD 8431 NEW KINGS ROAD										
JACKSONVILLE FL 32219		JACKSONVILLE FL 32219	JACKSONVILLE FL 32219			DO NOT WR	DO NOT WRITE IN THIS SPACE			
						3. Date ir corporated or Qualifed				
						08/31/1995				
2. Principa Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For		
21			26			59-2257793		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	Additional	
22		27	27			5. Certificate of Status Desired		Fee Re	cuired	
City & S:ate	<u> </u>	City & State	City & State			6. Electio 1 Campaign Financing \$5.00 May Be				
23						Trust Fund Contribution Added to Fees				
Zip	Country	Zip Zip	Countr	untry		8. This corporation owes the current year Intangible				
24	25		30	<u>o</u>		Personal Property Tax.			[]No	
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New	Registered	Agent		
10 4 4	C CDED C		81	Nar	ne				_	
	IC, FRED C S ATLANTIC BLVD		82 Street Addre			ess (P.O. Box Number is Not Accept	able)			
	KSONVILLE FL 32207		0.	83						
JP.CI	V20IANITTE LT 25501		8.	'						
			84	City	ī —		FL	85 Zip C	Code	
		0500 1007 4500 51 11- St-L	the above			oration submits this statement for the		changing its	ragistered	
office or r	agistored agent or hoch in the St	ate of Florida. Such change was a sligations of, Section 607.0505, Flo	authorized by	the c	orpore tio	n's board of cirectors. I hereby acce	pt the appoi	ntment as reg	gistered	
SIGNATURE									\	
Signature, typed or printed na ne of registered agent and title if applicable (NOTE: F				ent signat	ure required	when reinstating) ADDITICINS/CHANGES TO OF	DATE	ID DIRECTO	E S IN 12	
12.		AND DIRECTORS DELETE	13.			ADDITIC INS/CHANGES TO OF	TICERS /II	Change	Addition	
TITLE	D DEAUTED HOURS A 1D	C Detere	4		ŀ					
NAME	REAVES, JOHN J JR		1.2 NAME							
STREET ADDRE 3S	8431 NEW KINGS ROAD		1.3 STREI		:55					
CITY-ST-ZIP	JACKSONVILLE FL 32219	DELETE	2.1 TITLE	51- ZIP	-+-			Change	Addition	
TITLE		□ petric								
NAME			2.2 NAME						1	
STREET ADDRE 3S			2.3 STRE		:55					
CITY-ST-ZIP				ST-ZIP				Change	Addition	
TITLE		Detere	3.1 TITLE 3.2 NAME							
NAME			3.3 STRE							
STREET ADDRE 3S					255					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP				Change	Addition	
TITLE			4. 2 NAME					_ ,		
NAME			4.2 NAME						j	
STREET ADDRE 3S					253					
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP				Change	Addition	
TITLE		_ beter	5.1 IIILE					•	_	
NAME			5.3 STRE		ESS					
STREET ADDRE 3S			5.4 CITY-							
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					☐ Change	Addition	
TITLE		El octor	6.2 NAME							
NAME					ESS					
STREET ADDRE 3S				6.3 STREET ADDRESS 6.4 CITY- ST-ZIP						
CITY-ST-ZIP			9.4 CHT-	01-5IF	i					

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I further cartify 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 en an attackage it with an address, with a tother like empowered.

SIGNATURE:

NG OFFICEI: OR DIRECTOR