

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000072429 (0)

1. Corporation Name

BILL'S SUWANNEE FISH CAMP, INC.



Principal Place of Business

C/O THEODORE M. BURT, P.A.
PO BOX 308
TRENTON FL 32693

Mailing Address

C/O THEODORE M. BURT, P.A.
PO BOX 308
TRENTON FL 32693

2. Principal Place of Business

21 Street, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Street, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

4. FEE Number

59-3346679

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

THEODORE BURT, P.A.
114 N.E. 1ST ST.
TRENTON FL 32693

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 607.0702 and 607.1505, 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 607.0702, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of New Agent

Signature of Secretary

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	D			☐
	MCCLURE, MAXWELL D	1390 BENNETT SPRINGS DR.	GREENSBORO GA 30642	
	D			☐
	FARLOW, JAMES W	1581 BENNETT SPRINGS DR.	GREENSBORO GA 30642	
	D			☐
	BAY, JAMES A	105 TIMBER RIDGE RD.	GREENSBORO GA 30642	
				☐
				☐
				☐
				☐

13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
11 TITLE				☐	☐	☐
12 NAME						
13 STREET ADDRESS						
14 CITY-STATE-ZIP						
15 TITLE				☐	☐	☐
16 NAME						
17 STREET ADDRESS						
18 CITY-STATE-ZIP						
19 TITLE				☐	☐	☐
20 NAME						
21 STREET ADDRESS						
22 CITY-STATE-ZIP						
23 TITLE				☐	☐	☐
24 NAME						
25 STREET ADDRESS						
26 CITY-STATE-ZIP						
27 TITLE				☐	☐	☐
28 NAME						
29 STREET ADDRESS						
30 CITY-STATE-ZIP						

14. I do hereby certify that the information supplied by me is true and correct, and that I am qualified for the position stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this statement is part of my corporation's annual report as required by law and 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 officer or trustee empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Book 12 or Book 13 in change of name or address with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. BAY

, President

2-25-96

706-467-2616

CR2E034 (12/95)