

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90143 048 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000103183**

1. Corporation Name  
**HICKORY STICKS GOLF COURSE CONSTRUCTION, INC.**

Principal Place of Business  
**10 NORTH 15 STREET  
FERNANDINA BEACH FL 32034**

Mailing Address  
**10 NORTH 15 STREET  
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/19/1996**

4. FEI Number

**59-3414042**

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HILL, CHRISTOPHER A  
10 NORTH 15 STREET  
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name

**JENIFER R TAYLOR HILL**

82 Street Address (P.O. Box Number is Not Acceptable)

**10 NORTH 15TH ST**

83

84 City

**FERNANDINA Bch FL**

85 Zip Code

**32034**

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

*Jenifer R Taylor Hill*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **HILL, CHRISTOPHER A**

STREET ADDRESS **10 NORTH 15 STREET**

CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DVST** ☐ DELETE

NAME **TAYLOR HILL, JENIFER R**

STREET ADDRESS **10 NORTH 15TH STREET**

CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Jenifer R Taylor Hill*

DATE

**4-26-99**

DAYTIME PHONE #

**904 321 3414**

CR2E034 (11/98)