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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 ×

DOCUMENT # P96000103792 (3)

FT. GATES FERRY & GATEWAY FISH CAMP. INC.

Principal Place of Business Mailing Address STAR ROUTE #1, BOX 350 STAR ROUTE #1, BOX 350 CRESCENT CITY FL 32112-9725 CRESCENT CITY FL 32112 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u> 59-3428544</u> 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HACKETT, RICHARD C STAR ROUTE #1, BOX 350 Street Address (P.O. Box Number is Not Acceptable) **CRESCENT CITY FL 32112** 83 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. Archard C. HACKETT PRESIDENT Change Richard C. HACKETT DELETE **Addition** 1671.8 1.1 WILE 1.2 NAME NAVE R2E034 Ster Rte & Box 372 A 1.3 STREET ADDRESS STREET ADDRESS Crescent City IF1 32112 1.4 CITY-ST-ZIP CITY ST-7P DELETE Vice P X Addition 2.1.7ITEF Change Table Catherine C. HACKETT NAME 22 NAME Star Rte & BOY 370 A STREET ADDRESS 2.3 STREET ADDRESS Cresunt city of 38112 2.4 CITY-ST-ZIP C:TY - \$1 - 7(P DELETE Change Addition THEF 31 TIFLE Donald L. YALL NAME 3.2 NAME Star Rtz 1 Box 350 STREET ADDRESS 3.3 STREET ADDRESS Crescent City, Fl 32112 34. City-St-ZIP CUTY-ST ZIP Addition DELETE Change 4.1 TITLE THLE Joyce M. YALL NAME 4. 2 NAME Star Rtel Box 350 4.3 STREET ADDRESS STREET ADDRESS Crescent City IFI 30112 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change ___ Addition THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY - ST - Ziff DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP City-ST-ZIF 14. I do 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 supply mental 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 of