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

PRQFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000057696 (1)

BRIDGES PASTURE HUNTING CLUB, INC.

FILED Jun 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
800 S.E. MONTEREY COMMONS BLVD.: #103 STUART FL 34998	800 S.E. MONTEREY CO STUART FL 34996	COMMONS BLVD #103			
				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 06/30/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21	26			65-0767/50 Not Applicable	
Suite, Apl. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22	27			ree Hequirea	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip Country				
├	him in	30]		8. This corporation owes or has paid the current year Intangible Personal Property 1ax due June 30. Yes No	
24 25 25 Name and Address of Curre	nt Registered Agent	1301		10. Name and Address of New Registered Agent	
MINTON, MICHAEL D		81	Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
1903 S. 25TH STREET, SUITE 200					
FT. PIERCE FL 34947		82	Street Ado	dress (P.O. Box Number is Not Acceptable)	
11. FIGNOL 1E 01947		83			
•					
		84	City	FL 85 Zip Code	
44 Durawant to the Sensitive of Continue COZ Old	09 and 607 1609 Florida State	tion the show	named cor	rporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State	o of Florida. Such change was	authorized by	the corpora	ation's board of directors. I hereby accept the appointment as registered	
agent. I am familiar with, and accept the oblic	gations of, Section 607.0505, f	forida Statutes	5.		
SIGNATURE	, , , , ,			A. A. D.	
Signature, typied or printed name in treas terrodical 12. OFFICE BS AN	(D) DIRECTORS	13.	sis signarino redu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETE	1.1 TITLE	— Т	Change Addition	
NAME CHANDLER, STAMPS	/ /.	1.2 NAMI		E Stange E Manton	
STREET ADDRESS P.O. BOX 309	(N/A)	1.3 \$TREET	ADDDECC		
IACDED EI	\'Y'\				
CITY-ST-ZIP DASPER FE	DELETE	2.1 Title	11-21	Change Addition	
NAME BROOKS, ASHLEY T	_ otte	2.1 11LL			
SETA LIQUIDAY DOAD CO					
TACKCORMITE EL		23 STREET			
VIII VIII VIII VIII VIII VIII VIII VII	Поцеїї	2 4 CHY-1	S1 - ZIP	Change Addition	
CADIN CHADITE H	[_] WILLIE	3 1 TITLE	l	C cuarão C voquiou	
600 CE MONTEDEV COMMONE DIVID 4100		3 2 NAME			
OTHADT EL 24000	ONO DETD., # 100	3.3 STRCF1			
011 01 21	T fult u	3.4. CITY - 1	ST - ZIP	Change Addition	
BOIDOTO IAV TIU	LJ DELETE	4.1 TITLE		Change	
DOMNED ON	(11)	4.2 NAME	1		
IACDED EI	(<i>/\/#</i> /	4.3 STREET	1		
CITY-ST-ZIP JASPER FL		4.4 CITY - S	1 - 7/P	[Ot [] Lare	
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		53 STREET	ADDRESS		
CITY-ST-ZIP	ii ii i i i i i i i i i i i i i i i i	54 CHY-S	it - ZIP		
TITLE	☐ DELETE	6 1 1ITLE		Change Addition	
NAME		62 NAME		200002157705151 1 % - 6672473801815018	
STREET ADDRESS		63 STREET	ADDRESS		
CITY-ST-ZIP		64 CHY-S	T - 71P	***150.00 '\'	

14. Thereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 trusted epipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607, or on an attachment with an address.

410.98