


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000052521</b> 1. Corporation Name <b>KENNEDY CREEK FISH CAMP, INC.</b>			
Principal Place of Business RT. 3, BOX 389B BRISTOL FL 32321		Mailing Address RT. 3, BOX 389B BRISTOL FL 32321	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 06/16/1998	
21 Suite, Apt. #, etc.	2a. Mailing Address	4. FFI Number 590-334107	Applied For <input type="checkbox"/> Not Applicable
22 City & State	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	2c. City & State	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	2d. Zip	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent  PEDDIE, IRMA N RT. 3, BOX 389B, MICHAUX ROAD BRISTOL FL 32321		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 607.0502 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 _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	STREET ADDRESS
		1.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	STREET ADDRESS
		2.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	STREET ADDRESS
		3.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	STREET ADDRESS
		4.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	STREET ADDRESS
		5.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	STREET ADDRESS
		6.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	7.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	7.2 NAME	STREET ADDRESS
		7.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	8.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	8.2 NAME	STREET ADDRESS
		8.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	9.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	9.2 NAME	STREET ADDRESS
		9.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	10.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	10.2 NAME	STREET ADDRESS
		10.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	11.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	11.2 NAME	STREET ADDRESS
		11.3 STREET ADDRESS	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: Irma N. Peddie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-04-99 850-443-2742

Date

Daytime Phone #

CR2E034 (11/98)