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

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000054132

DIXIE SPORTSMANS HUNTING LODGE, INC.

Principal Place of Business	Mailing Address	
#1 HWY 358 CROSS CITY FL 32628	P. O. BOX 2631 CROSS CITY FL 32628	

26

27

28

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90036 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

59-3546113

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/12/1998

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

23		28				Trust Fur	nd Contribution	A	dded to	) Fees
Zip	Country	Zip	Cour	try	8.	This corp	oration owes the curre			
24	25	29	30			Personal	Property Tax.	<b>∑</b> Y€	95	□No
	9. Name and Address of Current	Registered Agent			10.	. Name ar	nd Address of New R	egistered Agent		<del>-</del>
				81 Nam	e					
SINGLETARY, DAVID J #1 HWY 358 CROSS CITY FL 32628			1	82 Street Address (P.O. Box Number is Not Acceptable)						
			[	83						{
			ŀ	84 City		<del></del>		/85	Zip C	ode
	•		-					FL	<u>.</u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was a	authorized	by the co	d corporation poration's b	n submits oard of dir	this statement for the pectors. I hereby accept	purpose of chang t the appointment	ing its. t as reg	registered_ jistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E: Registered	nent signatu	a required when	reinstating)	<del>_</del> _	DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	gorit Signatu			S/CHANGES TO OFF		RECTO	RS IN 12
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NAME	SINGLETARY, DAVID J		1.2 NA	Æ.	Ì			•		ì
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On I-Or-Air	<del></del>	this files does not availed	<b>_</b>			440.07/	Wil Florida Statutos I	futher coulfy the	A sho i	

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.