


2-18-98 B-2210 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S57398** (7)
1. Corporation Name
WALTON COUNTY SHRINE CLUB HOLDING COMPANY, INC.

Principal Place of Business 36 S. 9TH ST. DEFUNIAK SPRINGS FL 32433	Mailing Address 36 S. 9TH ST. DEFUNIAK SPRINGS FL 32433
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/05/1991	
4. FEI Number 59-3073778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**BELL, WILLIAM JACK
36 S. 9TH ST.
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent	
81 Name	Moore, James E.
82 Street Address (P.O. Box Number is Not Acceptable)	102 Bayshore Drive
83	
84 City	Niceville, FL
85 Zip Code	32578

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 James E. Moore 2/12/98
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, BOB K.	1.2 NAME	Hilgenburg, Carl
STREET ADDRESS	POST OFFICE BOX 602 N/A	1.3 STREET ADDRESS	203 Red Eye Road
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSSON, DONNIE H.	2.2 NAME	Nall, Joe
STREET ADDRESS	3279 BOB SIKES ROAD	2.3 STREET ADDRESS	441 Hidden Lake Trail
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BELL, WILLIAM J.	3.2 NAME	
STREET ADDRESS	372 BELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, JOHN W.	4.2 NAME	Haney, Jack
STREET ADDRESS	7911 STATE HIGHWAY 83	4.3 STREET ADDRESS	499Vanderheide Rd.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: James E. Moore 2/12/98 DEF-678-1131

CR2E034 (10/97)