


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90006 038 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35323

1. Corporation Name
OCHESSEE SPORTSMAN CLUB, INC.

Principal Place of Business RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424	Mailing Address RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/22/1989	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent BARFIELD, BENNY E. RT. 2, BOX 733R COUNTY ROAD 194 BLOUNTSTOWN FL 32424	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLTON, LAMAR	1.2 NAME	
STREET ADDRESS	2102 RIVER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, JARROD	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 733R COUNTY ROAD 194	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAMMA, WADE	3.2 NAME	
STREET ADDRESS	114 MIDDLE RUN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICKEY, ALLEN	4.2 NAME	
STREET ADDRESS	HWY 274W	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS, BENNIE	5.2 NAME	
STREET ADDRESS	P.O. BOX 418, HWY. 71S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL 32421	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, BENNY	6.2 NAME	
STREET ADDRESS	RT. 2, BOX 733R COUNTY RD 194	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	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)(j), 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 617, 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: *Benny E Barfield* SIGNATURE REQUIRED *Benny E Barfield* 7-29-99 850-674-5216
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)