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Apr 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005385 (9)**

1. Corporation Name

OAK LEAF HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
1104 MONUMENT AVENUE PORT ST. JOE FL 32456	1104 MONUMENT AVENUE PORT ST. JOE FL 32456-2124

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report: 06/02/1996

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

4. FEI Number: 59-3300069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLOYD, J. PATRICK
1104 MONUMENT AVENUE
PORT ST. JOE FL 32456

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 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 _____ DATE
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	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	FADIO, JOHN G		1.2 NAME	H.W. NORRIS	
STREET ADDRESS	1011 WOODWARD AVENUE		1.3 STREET ADDRESS	126 JAMES DR	
CITY-ST-ZIP	PORT ST. JOE FL 32456		1.4 CITY-ST-ZIP	WEWAHITCHKA, FLA 32465	
TITLE	D	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	FADIO, JOHN G JR.		2.2 NAME	PATRICK FLOYD	
STREET ADDRESS	107 SECOND AVENUE		2.3 STREET ADDRESS	1104 MONUMENT AVE	
CITY-ST-ZIP	PORT ST. JOE FL 32456		2.4 CITY-ST-ZIP	PORT ST JOE, FLA 32456	
TITLE	D	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	NOBLES, TEEDY		3.2 NAME	STEPHEN NORRIS	
STREET ADDRESS	1620 PALM BLVD		3.3 STREET ADDRESS	105 WESTCOTT CIRCLE	
CITY-ST-ZIP	PORT ST. JOE FL 32456		3.4 CITY-ST-ZIP	PORT ST JOE, FLA 32456	
TITLE	D	☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	NOBLES, BARRY		4.2 NAME	BOBBY NOBLES N/A	
STREET ADDRESS	2111 PALM BLVD		4.3 STREET ADDRESS	BOX 21	
CITY-ST-ZIP	PORT ST. JOE FL 32456		4.4 CITY-ST-ZIP	PORT ST JOE, FLA 32456	
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURKETT, MIKE		5.2 NAME		
STREET ADDRESS	1962 COUNTY ROAD 30		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NORRIS, WILLIAM		6.2 NAME		
STREET ADDRESS	182 BRANNON LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32465		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H.W. Norris H.W. Norris January 30, 1997 904-639-5891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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