FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:12

DOCUMENT # 717391 (7)

1. Corporation Name
EUSTIS GUN CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1284 EUSTIS FL 32727	POST OFFICE BOX 1284 EUSTIS FL 32727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1969
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2099211 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LIVINGSTON,JAMES A
955 NORTH PALM CIRCLE
EUSTIS FL 32726

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 James A Livingston — 2-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Burton Richard TREASURER ☐ Change ☐ Addition
NAME	PAYNE, JOHN	1.2 NAME	
STREET ADDRESS	28620 TAMMI DR.	1.3 STREET ADDRESS	407 GLASGOW CT
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEHOTY, PAUL	2.2 NAME	
STREET ADDRESS	202 E MAGNOLIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEYINTHEHILLS FL	2.4 CITY-ST-ZIP	
TITLE	COB	3.1 TITLE	☐ Change ☐ Addition
NAME	LANIER, DAVID	3.2 NAME	
STREET ADDRESS	29140 SHIRLEY SHORES DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCAUSLIN, GERALDINE	4.2 NAME	
STREET ADDRESS	31609 GLADYS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SWETT, ART	5.2 NAME	
STREET ADDRESS	110 RIDGEVIEW DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MCCAUSLIN, TERRY	6.2 NAME	
STREET ADDRESS	31609 GLADYS LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard O. Burton (TREASURER) 2/8/95 (904) 742-2420
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0031415