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Jan 24 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 # **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 32727-1284

3. Date Incorporated or Qualified: **10/20/1969**
3a. Date of Last Report: **03/15/1996**

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

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

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

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 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 James A. Livingston — James A. Livingston — DATE Jan 14, 1997
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURLINGAME, RICK		1.2 NAME	
STREET ADDRESS	27934 SHIRLEY SHORES RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778		1.4 CITY-ST-ZIP	
TITLE	VP/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, RONALD		2.2 NAME	
STREET ADDRESS	325 N. SUNSET DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757		2.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, JOHN		3.2 NAME	
STREET ADDRESS	28620 TAMMI DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LANIER, DAVID		4.2 NAME	
STREET ADDRESS	29140 SHIRLEY SHORES DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARTON, RICHARD O		5.2 NAME	
STREET ADDRESS	407 GLASGOW CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, CAREY		6.2 NAME	
STREET ADDRESS	4255 W. OLD HWY 441		6.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757		6.4 CITY-ST-ZIP	

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: Richard O. Barton — 1/13/97 — 352-742-2420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013723

CR2E037 (9/96)