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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	10/20/1969
4. FEI Number	58-2099211
Applied For	Not Applicable

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

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. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ 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
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* 3/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD ☒ DELETE
NAME	BURLINGAME, RICK
STREET ADDRESS	27934 SHIRLEY SHORES RD.
CITY-ST-ZIP	TAVARES FL 32778
TITLE	VP/D ☒ DELETE
NAME	HOWARD, RONALD
STREET ADDRESS	325 N. SUNSET DR.
CITY-ST-ZIP	MT. DORA FL 32757
TITLE	CD ☒ DELETE
NAME	PAYNE, JOHN
STREET ADDRESS	28620 TAMMI DR.
CITY-ST-ZIP	TAVARES FL 32778
TITLE	D ☒ DELETE
NAME	LANIER, DAVID
STREET ADDRESS	29140 SHIRLEY SHORES DRIVE
CITY-ST-ZIP	TAVARES FL 32778
TITLE	D ☒ DELETE
NAME	BARTON, RICHARD O
STREET ADDRESS	407 GLASGOW CT.
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D ☒ DELETE
NAME	BAKER, CAREY
STREET ADDRESS	4255 W. OLD HWY 441
CITY-ST-ZIP	MT. DORA FL 32757

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☒ Change ☐ Addition
1.2 NAME	LANIER, DAVID
1.3 STREET ADDRESS	29140 SHIRLEY SHORES DRIVE
1.4 CITY-ST-ZIP	TAVARES, FL 32778
2.1 TITLE	VP/D ☒ Change ☐ Addition
2.2 NAME	AKERMAN, AMOS
2.3 STREET ADDRESS	220 N. WASHINGTON AVE
2.4 CITY-ST-ZIP	A POPKA, FL 32730
3.1 TITLE	SD ☒ Change ☐ Addition
3.2 NAME	MCAULEY, WILLIAM
3.3 STREET ADDRESS	31941 TROPICAL SHORES DRIVE
3.4 CITY-ST-ZIP	TAVARES, FL 32778
4.1 TITLE	TD ☒ Change ☐ Addition
4.2 NAME	BARTON, RICHARD O
4.3 STREET ADDRESS	407 GLASGOW CT.
4.4 CITY-ST-ZIP	LEESBURG, FL 34788
5.1 TITLE	D ☒ Change ☐ Addition
5.2 NAME	PAYNE, JOHN
5.3 STREET ADDRESS	28620 TAMMI DR
5.4 CITY-ST-ZIP	TAVARES, FL 32778
6.1 TITLE	CD ☒ Change ☐ Addition
6.2 NAME	HOWARD, RONALD
6.3 STREET ADDRESS	325 N. SUNSET DR
6.4 CITY-ST-ZIP	MT. DORA, FL 32757

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

SIGNATURE: *William McAuley* *William C. McAuley* 3/10/98 (352) 243-0426

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