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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **717391**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/20/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2099211 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: McAuley, Bill
82 Street Address (P.O. Box Number is Not Acceptable): 31941 Tropical Shores Dr
83
84 City: Tavares FL 85 Zip Code: 32778

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: Bill McAuley — Signature, typed or printed name of registered agent and title if applicable. Bill McAuley (NOTE: Registered Agent signature required when reinstating) DATE: 4/19/99

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

SIGNATURE: SIGNATURE REQUIRED 4/19/99 352-343-8426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)