

**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

DOCUMENT # **716800** (8)

1. Corporation Name

**BARTHLE'S HUNTING CLUB, INC.**

Principal Place of Business

Mailing Address

124 S. MORGAN STREET  
P O BOX 2410  
TAMPA FL 33602

124 S. MORGAN STREET  
P O BOX 2410  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/27/1969</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

\*ALMAND, JACK  
124 S. MORGAN STREET  
TAMPA FL 33602

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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

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	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICOLA, JOSEPH	1.2 NAME	
STREET ADDRESS	806 JACKSON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNETT, E P	2.2 NAME	
STREET ADDRESS	901 S NEWPORT	2.3 STREET ADDRESS	<b>1 0000 1392531</b>
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	<b>-01/30/95--01037--008</b>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, WALTER	3.2 NAME	
STREET ADDRESS	5521 W CYPRESS	3.3 STREET ADDRESS	<b>****130.00 ****130.00</b>
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODROFFE, JIM	4.2 NAME	
STREET ADDRESS	P O BOX 111	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BEN	5.2 NAME	
STREET ADDRESS	101 E KENNEDY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMAND, JACK	6.2 NAME	
STREET ADDRESS	124 S MORGAN ST	6.3 STREET ADDRESS	<b>595</b>
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	<b>1/24/95</b>

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph G Spicola* (STD) 1-18-95 813-229-6405