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Apr 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Montem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723876 (9)

1. Corporation Name

BRICKYARD HUNTING CLUB, INC

Principal Place of Business

Mailing Address

1957 FAYE RD.
YULEE FL 32097
US1957 FAYE RD.
YULEE FL 32097-4637
US3. Date Incorporated or Qualified
07/13/19723a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2661723Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASFORD, WILLIAM T, JR
341 E. BAY STREET
JACKSONVILLE FL 32202

81 Name

Peter Reed Corbin

82 Street Address (P.O. Box Number is Not Acceptable)

121 W. Forsyth St, Suite 1000

83

84 City

Jacksonville

FL

85 Zip Code

32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME SELLEY, FRANK R.
STREET ADDRESS 1957 FAYE RD.
CITY-ST-ZIP YULEE FLTITLE TD ☐ DELETE
NAME COLEMAN, R. D.
STREET ADDRESS 360-C CLINCH DRIVE
CITY-ST-ZIP FERNANDINA BCH. FLTITLE VD ☐ DELETE
NAME CONNOR, CECIL
STREET ADDRESS RT. 1, BOX 271-E
CITY-ST-ZIP HILLIARD FLTITLE PD ☐ DELETE
NAME GILL, NOLAN A.
STREET ADDRESS ROUTE 1, BOX 303
CITY-ST-ZIP HILLIARD FLTITLE VD ☐ DELETE
NAME GILL, CECIL
STREET ADDRESS 770 GEIGER RD.
CITY-ST-ZIP FERNANDINA BCH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☒ Change ☐ Addition
5.2 NAME VD
5.3 STREET ADDRESS ED OGILVIE
5.4 CITY-ST-ZIP RI 1 BOX 149-L
FERNANDINA BCH, FLA 320346.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Frank R. Selley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97 (904) 225-9512

Daytime Phone #0001706

CR2E037 (9/96)