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Apr 06 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 # 736532 (3)
1. Corporation Name SUNSHINE GUN CLUB, INC.

Principal Place of Business 3042 S. E. FAIRWAY W. STUART FL 34997 US	Mailing Address 3042 S. E. FAIRWAY W. STUART FL 34997 US
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2. Principal Place of Business 21 5781 S.W. MARKEL ST. Suite, Apt. #, etc.	2a. Mailing Address 28 5781 S.W. MARKEL ST Suite, Apt. #, etc.
City & State 23 PALM CITY, FLORIDA Zip 24 34990-5162	City & State 28 PALM CITY, FLORIDA Zip 29 34990-5162
Country 25 U.S.A.	Country 30 U.S.A.

9. Name and Address of Current Registered Agent MOSTEK, EMIL F. 3042 S. E. FAIRWAY W. STUART FL 34997

3. Date Incorporated or Qualified 08/04/1976	
4. FEI Number 59-1678907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Edward M. Traylor II Edward M. Traylor II <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>
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12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DP HATAWAY, BILL D.
STREET ADDRESS	895 S.W. 34TH TERRACE
CITY-ST-ZIP	PALM CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	DV ARNDT, WILLIAM
STREET ADDRESS	2906 SANTA ANITA
CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE	<input type="checkbox"/> DELETE
NAME	ST MOSTEK, EMIL F
STREET ADDRESS	3042 SE FAIRWAY WEST
CITY-ST-ZIP	STUART FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP FERGUSON, WILLIAM
1.3 STREET ADDRESS	8404 S.E. WOODMERE ST.
1.4 CITY-ST-ZIP	HOBE SOUND, FLORIDA 33455
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV HATAWAY, BILL D.
2.3 STREET ADDRESS	895 S.W. 34th Terrace
2.4 CITY-ST-ZIP	PALM CITY, FLORIDA 34990
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST TRAYLOR, EDWARD M.
3.3 STREET ADDRESS	5781 S.W. MARKEL ST.
3.4 CITY-ST-ZIP	PALM CITY, FLORIDA 34990-5162
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.
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SIGNATURE: Edward M. Traylor II Edward M. Traylor II (561) 220-8378
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CR2E037 (10/97)