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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

NNUAL REPO 1996

DOCUMENT # 726713

(9)

| | Y OAK LONG RIFLES, INC | | | | | | | | |
|--|--|------------------------------|------------------------|--|--|---------------|---|--------------------|--|
| Principal Place | | Mailing Add | | | | | | | |
| 1977 MUNCIE JACKSONVILL | | 1977 MUN Jackson | VILLE FL 322 | 10 | | | | | |
| | | | | | | | Date Incorporated or Qualified 08/31/1976 | | e of Last Report 05/01/1995 |
| 2. Principal Pla | ace of Business | 2a. Mailing / | Address | | | ' | 4. FEI Number 59-1759221 | | Applied For Not Applicable |
| Suite, Apt. # | *, etc. | | pt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 Additional |
| 2 | | 27 | | | | | | | Fee Required |
| City & State | | Oity & S | tate | | | ' | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | | Countr | у | 1 | 8. This corporation has liability for | intangible tax | |
| 4 | 25 | 29 | | 30 | | | | Yes 🗌 | |
| | 9. Name and Address of Curre | ent Hegistered Ag | jent | 8 | 1 Name | 1 | Name and Address of New R | registered A | (gent |
| COIDED | STEVEN D. | | | | | A a) 1 | P.O. Box Number is Not Acceptab | 20) | |
| | JNCIE AVE | | | 82 | 2 Siree: | Adoress (| P.O. Box Number is Not Acceptate | JIC) | |
| | NVILLE FL 32210 | | | 8 | 3 | | | · | |
| | | | | 84 | 1 City | | 46.1.40 | | 85 Zip Code |
| 11 Dureuant t | a the provisions of Sections 617.050 | 02 and 617 1508 F | Iorida Statule | es the above | named c | ornoration | submits this statement for the nu | FL mose of char | naina its registered office |
| or register | ed agent, or both, in the State of Flo th, and accept the obligations of, So | orida. Such change | was authorize | ed by the cor | poration's | board of | directors. I hereby accept the app | ointment as i | registered agent. I am |
| S:GNATURE | in, and decept the obligations of, co | CHO 1 0 17.0000, 110 | nga statettos | • | | | | | |
| | Signature, typed or printed name of registered age | ent and title it application | (NC | The Division of the control of the | | | | | |
| | | | | | ent signature | respired who | renstating | DATE | DIDLOTORO IN 40 |
| | | ND DIRECTORS | | 13. | | respired who | ADDITIONS/CHANGES TO OFF | ICERS AND | |
| ITLE | VD | ND DIRECTORS |]DELETE | 13. 11 TITLE | | required who | | ICERS AND | DIRECTORS IN 12 Change Addition |
| TILE NAME | VD IGRAM, ROD | ND DIRECTORS | | 13. 11 JIFLÉ 12 NAME | | racquied who | | ICERS AND | |
| TITLE NAME STREET ADDRESS | VD | ND DIRECTORS | | 13. 11 JIFLÉ 12 NAME | EF ADDRESS | ra placed who | | ICERS AND | |
| TITLE NAME STREET ADDRESS OUTY-ST-ZIP | VD IGRAM, ROD 1136 LINWOOD LOOP | ND DIRLCTORS | | 13. 11 TIFLE 12 NAME 13 STHE | EF AODRESS -ST-ZIP | ra piled who | | EICERS AND | |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D Cr. Ley 2-19-96 Desyring Printed NAME OF SIGNING OFFICER OR DIRECTOR