FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746802 (8)

1. Corporation Name
ANCIENT CITY GAME FISH ASSOCIATION, INC.

Principal Place of Business
POST OFFICE BOX 2001
ST AUGUSTINE FL 32085

Mailing Address
POST OFFICE BOX 2001
ST AUGUSTINE FL 32085

3. Date Incorporated or Qualified: 04/19/1979
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-6535399 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BERT WALTON
613 DELESTINE AVENUE
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: ANCIENT City GAME FISH ASSOCIATION, INC — 1/25/96
Signature and 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	P ☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WALTON, BERT	1.2 NAME	MANUCY, JAMES
STREET ADDRESS	613 DELESPINE AVENUE	1.3 STREET ADDRESS	6381 PINE CIRCLE N
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	VP ☒ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	MANUCY, AJMES	2.2 NAME	REMY, EARL
STREET ADDRESS	6381 W PINE CIRCLE	2.3 STREET ADDRESS	306 HARVARD Rd
CITY-ST-ZIP	ST AUGUSTINE F	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, CECILIA	3.2 NAME	
STREET ADDRESS	300 ARREDON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE F	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLALOCK, JIM	4.2 NAME	
STREET ADDRESS	18 BARCELONA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MASON, JOE	5.2 NAME	WALTON, BERT
STREET ADDRESS	2836 KINGS RD	5.3 STREET ADDRESS	613 DELESTINE AV
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D ☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	REMY, EARL	6.2 NAME	SWINDULL, KARL
STREET ADDRESS	306 HARVARD RD	6.3 STREET ADDRESS	2 PARK TERRACE DR
CITY-ST-ZIP	ST AUGUSTINE FL	6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES A. MANUCY — 1/25/96 — (904) 823-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)