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	Mailing Address
POST OFFICE BOX 2001 ST AUGUSTINE FL 32085	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
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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: [signature] ANCIENT City GAME FISH ASSOCIATION, INC 1/25/96
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	P	☒ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	WALTON, BERT		12 NAME	MANUCY, JAMES	
STREET ADDRESS	613 DELESPINE AVENUE		13 STREET ADDRESS	6381 PINE CIRCLE N	
CITY-ST-ZIP	ST AUGUSTINE FL		14 CITY-ST-ZIP	ST AUGUSTINE, FL 32095	
TITLE	VP	☒ DELETE	21 TITLE	VP	☒ Change ☐ Addition
NAME	MANUCY, AJMES		22 NAME	REMY, EARL	
STREET ADDRESS	6381 W PINE CIRCLE		23 STREET ADDRESS	306 HARVARD Rd	
CITY-ST-ZIP	ST AUGUSTINE F		24 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, CECILIA		32 NAME		
STREET ADDRESS	300 ARREDON AVENUE		33 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE F		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BLALOCK, JIM		42 NAME		
STREET ADDRESS	18 BARCELONA AVENUE		43 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	MASON, JOE		52 NAME	WALTON, BERT	
STREET ADDRESS	2836 KINGS RD		53 STREET ADDRESS	613 DELESTINE AV	
CITY-ST-ZIP	ST AUGUSTINE FL		54 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	D	☒ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME	REMY, EARL		62 NAME	SWINDELL, KARL	
STREET ADDRESS	306 HARVARD RD		63 STREET ADDRESS	2 PARK TERRACE DR	
CITY-ST-ZIP	ST AUGUSTINE FL		64 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	

CR2E037 (12/95)

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