

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 748493

(4)

1. Corporation Name

SAND-FLY HUNTING CLUB, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:59

Principal Place of Business

Mailing Address

107 EAST PARK AVENUE
P.O. BOX 1129
CHIEFLND FL 32626

107 EAST PARK AVENUE
P.O. BOX 1129
CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/10/1979	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2749663	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAUCHAMP, GREGORY V.
107 EAST PARK AVENUE
CHIEFLND FL 32626

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, DAVID	1.2 NAME	
STREET ADDRESS	NW 14 AVE AND 13 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND, FL 00000	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, TOMMY G	2.2 NAME	
STREET ADDRESS	HWY 24	2.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY, FL 00000	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, RAYMOND	3.2 NAME	
STREET ADDRESS	STATE RD 341	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WARD, CONWAY	4.2 NAME	
STREET ADDRESS	HIGHWAY 320	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, JAMES	5.2 NAME	
STREET ADDRESS	HIGHWAY 341	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND B. ALLEN

1/18/95

(704)
493-4790