

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2: 25

DOCUMENT # 755711 (9)

1. Corporation Name
ESCAMBIA RIVER MUZZLE LOADERS, INC.

Principal Place of Business Mailing Address
P.O. BOX 2272 PENSACOLA FL 32513-2272
P.O. BOX 2272 PENSACOLA FL 32513-2272

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1980 3a. Date of Last Report 06/23/1994
4. FEI Number 59-2067266 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 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BYER, GENE
10211 WALBRIDGE ROAD
PENSACOLA FL 32514

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 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 *Gene E. Byer* DATE 2-5-95
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAYBURN, BRENDA
STREET ADDRESS	3080 GODWIN LANE
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD
NAME	BARNETT, JIM
STREET ADDRESS	10020 NORTH PENSACOLA BLVD
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD
NAME	DOUGLAS, DAWSON
STREET ADDRESS	2421 LERUTH DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	SD
NAME	DOROTHY, BRUTON
STREET ADDRESS	3080 GODWIN LN
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRANDY BRUTON	
1.3 STREET ADDRESS	700 BEN JULYN RD	
1.4 CITY-ST-ZIP	CANTONMENT FLORIDA 32533	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOROTHY BRUTON	
4.3 STREET ADDRESS	700 BENJULYN RD	
4.4 CITY-ST-ZIP	CANTONMENT FLORIDA 32533	
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 do hereby 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 included 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 addition.

SIGNATURE: *Dawson D. Dawson* DATE: Feb 95 (90A) 478-3398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR