

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

2-23-96 B NC

DOCUMENT # 755711 (9)

1. Corporation Name
ESCAMBIA RIVER MUZZLE LOADERS, INC.



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

3. Date Incorporated or Qualified: 12/30/1980
3a. Date of Last Report: 02/13/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2067266	Applied For / Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BYER, GENE 10211 WALBRIDGE ROAD 9107 JNTREINER AVE, PENSACOLA FL 32514		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: GENE BYER *Gene Byer* DATE: 2-8-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BRUTON, BRANDY 700 BEN JULYN RD CANTONMENT FL	11 TITLE:	
NAME:		12 NAME:	
STREET ADDRESS:		13 STREET ADDRESS:	
CITY-ST-ZIP:		14 CITY-ST-ZIP:	
TITLE: VD	BARNETT, JIM 10020 NORTH PENSACOLA BLVD PENSACOLA FL	21 TITLE:	
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE: TD	DOUGLAS, DAWSON 2421 LERUTH DR PENSACOLA FL	31 TITLE:	
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE: SD	DOROTHY, BRUTON 700 BENJULYN RD CANTONMENT FL	41 TITLE:	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:		51 TITLE:	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:		61 TITLE:	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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 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: Bruton, Brandy *Brandy Bruton* DATE: 2-8-96 (904) 937-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)