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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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: 02/22/1996

2. Principal Place of Business: 21 PO Box 333
22 Suite, Apt. #, etc.
23 City & State: Cantonment, Fl.
24 Zip: 32533 25 Country
26 Mailing Address: 26 P.O. Box 333
27 Suite, Apt. #, etc.
28 City & State: Cantonment, Fl.
29 Zip: 32533 30 Country

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: GENE DYER
82 Street Address (P.O. Box Number is Not Acceptable): 9107 UNTHREWER AVE.
83
84 City: PENSACOLA, FL 85 Zip Code: 32534

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 E. Byer* (NOTE: Registered Agent signature required when reinstating) DATE: 2-6-97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BRUTON, BRANDY	
STREET ADDRESS	700 BEN JULYN RD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VD	<input type="checkbox"/>
NAME	BARNETT, JIM	
STREET ADDRESS	10020 NORTH PENSACOLA BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/>
NAME	DOUGLAS, DAWSON	
STREET ADDRESS	2421 LERUTH DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/>
NAME	DOROTHY, BRUTON	
STREET ADDRESS	700 BENJULYN RD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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: *Douglas D. Dawson* REQUIRED *Douglas D. Dawson 7 Feb 97 (909) 478-3398*

CR2E037 (9/96)