FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

_____**1998** DOCUMENT #

755711

(9)

1. Corporation ESCAN Principal Flace	MBIA RIVER MUZZLE LOAD	ERS, INC.			
P.O. BOX 333		P.O. BOX 333			
CANTONMENT FL 32533		CANTONMENT FL 32533		3. Date Incorporated or Qualified 12/30/1980	
U\$		US		12/30/1900 4. FEI Number	Applied For
				59-2067266	Not Applicable
2. Principal P	acr of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21		[26]		S. Commence of States Desired	Fee Required
Suite, Apt	#. elo	Suite, Apl. #, etc		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
23	,	28		7. Is this nonprofit corporation a homeown Yes	ers association?
<i>Z</i> ip	Country	Z ₀	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name	GENE PUED	
BYER, G	ENE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
9107 UN	itreiver ave.		9107		
PENSAC	OLA FL 32534		83		
			84 CJV		85 Zip Code
			/ENS	PACOLA F	L 32534
SIGNATURI C	MSEN E. (GENE) B	year the frapphrank (NOTE	Housered Agent signature rep	tion's board of directors. I hereby accept the ap	5- 288
TITLE	PD	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	BRUTON, BRANDY		1.7 NAME		Cultural City vacation
STREET ADDRESS	700 BEN JULYN RD		1.3 STREET ADDRESS		
CITY - S1 - ZIP	CANTONMENT FL		1.4 City-St-ZiP		
TIFLE	VD	DELFTE	2.1 TITLE		Change Addition
NAME	BARNETT, JIM		2 2 NAME		
STREET ADDRESS	10020 NORTH PENSACOLA	RI VI)	2 3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2 4 CITY - ST - ZIP		
TIFLE	TD	DELETE	317171.		Change Addition
NAME	DOUGLAS, DAWSON		3.2 NAME		
STREET ADDRESS	2421 LERUTH DR		3 3 STREET ADDRESS		
CITY-ST ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE		Change Addition
NAME	DOROTHY, BRUTON		4. 2 NAME		
STREET ADDRESS	700 BENJULYN RD		4.3 STREET ADDRESS		
CITY-ST-7IF	CANTONMENT FL		4 4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			54 CHY-SY-ZIP		Channa Lilian
TITLE		DECEME	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this libring 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 incorporation true incorporation to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if charge for the corporation of the incorporation of the incorpora

SIGNATURE:

Jauglan De Dawson

Douglas D. Dawson 6Feb 1998

850-478-3398

FILED

Feb 13 1998 8:00am

Secretary of State