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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755711

1. Corporation Name

ESCAMBIA RIVER MUZZLE LOADERS, INC.

Principal Place of Business

P.O. BOX 333
CANTONMENT FL 32533
US

Mailing Address

P.O. BOX 333
CANTONMENT FL 32533
US

404/01 - 90207 - 12



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/30/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2067266

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYER, GENE
9107 UNTREINER AVE
PENSACOLA FL 32534

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME BRUTON, BRANDY
STREET ADDRESS 700 BEN JULYN RD
CITY-ST-ZIP CANTONMENT FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME BARNETT, JIM
STREET ADDRESS 10020 NORTH PENSACOLA BLVD
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE VD Change Addition
2.2 NAME JACK JERNIGAN
2.3 STREET ADDRESS 6400 CHICAGO AVE.
2.4 CITY-ST-ZIP PENSACOLA FL 32526

TITLE TD DELETE
NAME DOUGLAS, DAWSON
STREET ADDRESS 2421 LERUTH DR
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE TD Change Addition
3.2 NAME HARRY ASBURY
3.3 STREET ADDRESS 2423 W. BAYSHORE RD
3.4 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE SD DELETE
NAME DOROTHY, BRUTON
STREET ADDRESS 700 BENJULYN RD
CITY-ST-ZIP CANTONMENT FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Harry Asbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/1999
Date

850 932 9417
Daytime Phone #

CR2E037 (11/98)