2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 759446 Mar 17, 2000 8:00 am Secretary of State 1. Entity Name PINE TOP HUNTING CLUB, INC. 03-17-2000 90019 025 ****61.25 Principal Place of Business Mailing Address PT 1 BOX 1594 RT 2, BOX 216, HWY 139B C/O NATHANIEL DINKINS UNDERHILL LAKE ROAD GLEN ST. MARY FL 32040 GLEN ST MARY FL 32040-1594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAULERSON, DWAYNE P RT 1 BOX 1594 UNDERHILL LAKE RD City Zip Code GLEN ST MARY FL 32040 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE THRIFT, FRACIS K NAME NAME RT BOX 128 FRED HARVEY RD N/A STREET ADDRESS STREET ADDRESS SANDERSON, FLORIDA 0 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE 4 Delete WILSON, MARCH NAME NAME RT 2. BOX 1218 STREET ADDRESS STREET ADDRESS GLENN ST MARY FL 32040 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MILTON, TIMMY NAME NAME FRED HARVY RD., P.O. BOX 27 N/A STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE BRISTOW, DUANE. NAME RT. 1 BOX 105, CEDAR CREEK DR. N/A STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUGGER, TERRY NAME RT. 1 BOX 596, 125 S. N/A STREET ADDRESS STREET ADDRESS MACCLENNY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. 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 report or supplemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all charging the empowered.

SIGNATURE:

3-13-2040

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR