

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 764283 (8)**  
 1. Corporation Name

**S & C SPORTSMEN'S ASSOCIATION, INC.**



Principal Place of Business: **503 NEW YORK AVE LYNN HAVEN FL 32444**  
 Mailing Address: **503 NEW YORK AVE LYNN HAVEN FL 32444**

3. Date Incorporated or Qualified: **07/23/1982**  
 3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business: **21 6505 LOIS ST**  
 2a. Mailing Address: **26 6505 LOIS ST**

4. FEI Number: **59-2803698**  
 Applied For:   
 Not Applicable:

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23 PANAMA CITY FL**  
 City & State: **28 PANAMA CITY FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24 32404** Country: **25 USA**  
 Zip: **29 32404** Country: **30 USA**

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

9. Name and Address of Current Registered Agent:  
**COX, CURTIS M**  
**503 NEW YORK AVE**  
**LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent:  
 81 Name:  
 82 Street Address (P.O. Box Number is Not Acceptable): **6505 LOIS ST**  
 83:  
 84 City: **PANAMA CITY FL** 85 Zip Code: **32404**

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: Curtis M Cox (NOTE: Registered Agent signature required when reinstating) DATE: **6-19-96**

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------|---|--|
| TITLE                      | PSD                        | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COX, CURTIS M.             | 1.2 NAME  |  |
| STREET ADDRESS             | 503 NEW YORK AVENUE        | 1.3 STREET ADDRESS                                    | 6505 LOIS ST   |
| CITY - ST - ZIP            | LYNN HAVEN FL              | 1.4 CITY - ST - ZIP                                   | PANAMA CITY, FL 32404  |
| TITLE                      | VTD                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SIMMONS, WILL F.           | 2.2 NAME  |  |
| STREET ADDRESS             | 2923 KIRKWELL AVENUE       | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | PANAMA CITY FL             | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SIMMONS, JOHN RUSSEL       | 3.2 NAME  |  |
| STREET ADDRESS             | 4810 CHEROKEE HEIGHTS ROAD | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | PANAMA CITY FL             | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                            | 4.2 NAME  |  |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                            | 5.2 NAME  |  |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                            | 6.2 NAME  |  |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 6.4 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: Curtis M Cox DATE: **6-19-96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # **871-0106**

CR2E037 (3/96)