

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

|                                             |                                                                                   |                                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

**DOCUMENT # G19060 (4)**

1. Corporation Name

**THE GREAT OUTDOORS TRADING COMPANY, INC.**

Principal Place of Business

65 N. MAIN ST.  
PO BOX 387  
HIGH SPRINGS FL 32643

Mailing Address

65 N. MAIN ST.  
PO BOX 387  
HIGH SPRINGS FL 32643

**APPROVED  
AND  
FILED**

**95 APR 10 PM 1:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/11/1983</b>                                                                                           | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-2248588</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 25 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent

JUSTIS, ROBERT C. JR.  
PO BOX 387, US 41 SOUTH  
HIGH SPRINGS FL 32643

*moved 4/94 to  
Kept same P.O. Box*

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PSD                       | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JUSTIS, ROBERT C. JR.     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | P.O. BOX 387, US 41 S N/A | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | HIGH SPRINGS FL           | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VTD                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JUSTIS, LESLIE ANN        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | P.O. BOX 387, US 41 S N/A | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | HIGH SPRINGS FL           | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                           | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                           | 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 furnished on this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Robert C. Justis Jr.*

*1/12/95*

*(904)  
454-2900*