

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 048 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N06121

1. Corporation Name

DUPONT CENTER HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

2880 OLD MOULTRIE RD
ST. AUGUSTINE FL 32086
US

2880 OLD MOULTRIE RD
ST. AUGUSTINE FL 32086-5454
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/09/1984

4. FEI Number

59-2938391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

KLING, DAVID C
2880 OLD MOULTRIE RD
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME POIRIER, C. H.
STREET ADDRESS 100 SR 206 WEST
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME BURNEY, J. B.
STREET ADDRESS 24 PELLICER LANE
CITY-ST-ZIP ST AUGUSTINE FL

TITLE TD ☐ DELETE

NAME KLING, DAVID C
STREET ADDRESS 2880 OLD MOULTRIE RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE SD ☐ DELETE

NAME LUNDQUIST, TIM
STREET ADDRESS 196 ABBEY ST.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VD ☐ DELETE

NAME LUNDQUIST, G. D.
STREET ADDRESS 196 ABBEY ST
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME BURNEY, EDISON JR.
STREET ADDRESS 24 PELLICER LANE
CITY-ST-ZIP ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE REQUIRED

9-6-99

(904) 757-8695

CR2E037 (5/99)