2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N15319** Mar 22, 2000 8:00 am Secretary of State 1. Entity Name WALTON HUNTING CLUB, INCORPORATED 03-22-2000 90006 012 \*\*\*\*70.00 Mailing Address a like Stylen Address Like Lon 1586 W. BAY LOOP HD 4536 W. BAY LOOP AD FREEPORT EL 32433,0003 pla Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. -Suite, Apt. #, etc. Applied For Citý & State 4. FEI Number City & State 59-2711223 Not Applicable Country \$8.75 Additional Zip Country Zip) 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C-RAY-DUNN <del>C/O C. RAY DUNN</del> 4536-W. BAY LOOP-RD FREEPORT FL 32439-9803 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ☐ Addition TITLE NAME NAME ifannin, allan STREET ADDRESS STREET ADDRESS 1976 CO RD 3280 CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL 32439 TITLE CD ☐ Addition KENNETH L. HULION 284 PANDA BR. D<del>unn, C. Ray 2</del>8 NAME NAME STREET ADDRESS 4536 W. BAY-LOOP RD STREET ADDRESS FREEPORT FL. CITY-ST-ZIE CITY-ST-ZIP FREEPORT FL 32439 Addition ☐ Delete TITLE TITLE NAME NAME BLIZZARD, CLAY STREET ADDRESS STREET ADDRESS P.O. BOX 89 N/A CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL 32439 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change Delete TITLE

12. I hereby certify that the information supplied with this filling 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 or 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 other like empowered.

CITATION AND PRESTOR

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

INETH L. HULION 3/7/00 (8)

O (850) 845 - 435 )
Daytime Phone #

Change

☐ Addition