## **FILE NOW: FILING FEE IS \$61.25**

## **NONPROFIT CORPORATION**



FLORIDA DEPARTMENT OF STATE

## Sandra R. Mortham

	JAL REPORT <b>1997</b>		Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
		N20614	(6)								
S & W	HUNTING CLU	JB, INC.					) (SERVING) SAR AMERIKAN MAKAN M	Dige Older out	OSL ONDLL OLDSI O'	164 <b>8</b> 1616 1 <b>86</b> 1	
Dissip - I Diss	a of Decisions		Ioline Address								
Principal Place of Business Mailing Address  O(0.50V L. REASIEV							, , , , , , , , , , , , , , , , , , , ,				
C/O FOY L. BEASLEY  4631 DEERFIELD DRIVE  PENSACOLA FL 32526  C/O FOY L. BEASLEY  4631 DEERFIELD DRIVE  PENSACOLA FL 325264314											
PENSACOLA F	.F 35250	r	CHONOUN PL 92320-93	17			3. Date incorporated or Qualified 05/12/1987		04/16/19		]
·	Place of Business	<b>├</b> ──	. Mailing Address			<del></del>	4. FEI Number 59-2454495		Ap	plied For	1
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.						\$8.75 A	t Applicable	$\frac{1}{2}$
22		27					Certificate of Status Desired		Fee Re		
City & Stat	te	28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to		
Zip	<u></u> ⊢ ``	······································			untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		dress of Current Regi	stered Agent	1301			10. Name and Address of New Re				1
			<del></del>		81	Name					1
	EY, FOY L.				<b>B2</b>	Street Ad	dress (P.O. Box Number is Not Accepta	ole)			1
	EERFIELD DRIVE				83						┨
PENSA	COLA FL 32526				63						
					84	City		FL	85 Zip C	Code	]
11. Pursuant	to the provisions of 5	Sections 617,0502 and (	317.1508, Florida Statu	tes, the a	bove	-named co	rporation submits this statement for the		changing its	s registered	1
, office of agent 1 a	registered agent, or t am familiar with, and i	ooth, in the State of Flor accept the obligations o	ida. Such change was of, Section 617.0503, Fl	authorize orida Sta	od by tutes	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appo	ointment as i	registered	1
SIGNATURE											
12,	Signature, typed or printed	name of registered agent and titl OFFICERS AND DIRE		E: Registere	d Age	nt signature req	uired when reinetating)  ADDITIONS/CHANGES TO OFFI	DAYE CERS AND	DIRECTOR	S IN 12	16
TITLE	D	0.1102.07412	DELETE	1.1 T	ITLE	$\neg \neg$			☐ Change	Addition	18
NAME	PATTERSON, I	DOUG		1.2 N	IAME	ļ					1
STREET ADDRESS	1116 ISABELL	A ROAD		1.3 S	TREET	ADORESS					Ì
CITY-ST-ZIP	CANTONMENT	FL			ITY-S	T-ZIP					]
TITLE	D		☐ DELETE	2.1 T				e	Change	Addition	١
NAME	BUSH, WILLIA				IAME						1
STREET ADDRESS	3710 HIGHWA					ADDRESS					
CITY-ST-ZIP TITLE	CANTONMENT	rt.	DELETE	3.1 T	CITY-S ITLE	1-21			Change	Addition	1
NAME	SCHLUTER, E.	A.		3.2 N		1					1
STREET ADDRESS	109 FLORIDA			II.		ADDRESS					
CITY-ST-ZIP	GULF BREEZE	FL		3.4. 0	HTY-\$	T-ZIP					
TITLE	ST		DELETE	4.1 T					Change	Addition	
NAME	BEASLEY, FO				NAME						
STREET ADDRESS	4631 DEERFIE					ADDRESS					
CITY-ST-ZIP TITLE	PENSACOLA F	<u> L</u>	DELETE	4.4 C 5.1 T	ITY-SI	T-ZIP			Change	Addition	$\frac{1}{2}$
NAME			pereir	- 6	AME	- (			Ti Avenillo		
STREET ADDRESS	}					ADDRESS					-
CITY-ST-ZIP					ITY-S	i					
TITLE		<del></del>	☐ DELETE	6.1 T				****	Change	☐ Addition	1
NAME	)			6.2 N	AME	1					
STREE1 ADDRESS				6.3 S	TREET	ADDRESS					
	i					1					

14. I do 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Date

Daytime Phone | Daytime P

**FILED** 

Apr 01 1997 8:00am