2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

C/O FOY L BEASLEY

PENSACOLA FL 32526

3. Mailing Address

City & State

Zip

4631 DEERFIELD DRIVE

Suite, Apt. #, etc.

DOCUMENT # N20614

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

BEASLEY, FOY L.

C/O FOY L. BEASLEY

4631 DEERFIELD DRIVE

PENSACOLA FL 32526

Suite, Apt. #, etc.

City & State

Zip

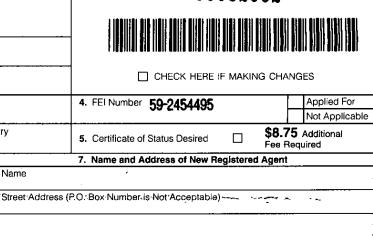
S & W HUNTING CLUB, INC.



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90071 009 ****61.25

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4631 DEERFIELD DRIVE PENSACOLA FL 32526 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Dipartor TITLE Addition TITLE 🗷 Delete Jinny Bulter 3421 SnyderDR SMITH, HUBERT NAME NAME 4460 HWY 29 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOLINO FL 32577 V-PRes ☐ Change Addition Defete TITLE TITLE BUSH, WILLIAM C. NAME NAME 3710 HIGHWAY 297-A STREET ADDRESS STREET ADDRESS CANTONMENT FL CITY-ST-ZIP CITY-ST-ZIP TITLE ___Delete__ TITLE ☐ Change SCHLUTER, E.A. NAME NAME 109 FLORIDA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete BEASLEY, FOY L. NAME NAME 4631 DEERFIELD DR. STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition X TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

12. 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 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.

SIGNATURE:

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(850)944-2174