

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N25136**

1. Corporation Name

BUGUM BAY HUNTING CLUB, INC.

Principal Place of Business

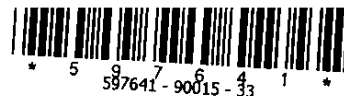
**HORESHOE BEACH ROAD
P.O. BOX 879
CROSS CITY FL 32628**

Mailing Address

**HORESHOE BEACH ROAD
P.O. BOX 879
CROSS CITY FL 32628**

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 033 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/01/1988

4. FEI Number

59-2951741

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SKINNER, ROY
351 S
CROSS CITY FL 32628**

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)

7/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
KNIGHT, DWIGHT**
STREET ADDRESS **351 S. HORSESHOE BCH RD**
CITY-ST-ZIP **CROSS CITY FL**

TITLE ☐ DELETE

NAME **STD
SKINNER, ROY**
STREET ADDRESS **351 S. HORSESHOE BCH RD**
CITY-ST-ZIP **CROSS CITY FL**

TITLE ☐ DELETE

NAME **D
THOMAS, DOYLE**
STREET ADDRESS **BARBER ST.**
CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE ☐ DELETE

NAME **D
BRYANT, TODD**
STREET ADDRESS **1515 N YOUNG BLVD**
CITY-ST-ZIP **CHIEFLND FL 32626**

TITLE ☐ DELETE

NAME **D
LAPERLE, DAVID**
STREET ADDRESS **HWY 41 S**
CITY-ST-ZIP **INVERNESS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

352-498-2416

Daytime Phone #

CR2E037 (5/99)