FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26274** **(3)**

1. Corporation Name
MANATEE RIVER LONG RIFLES, INC.

Principal Place of Business	Mailing Address
4419 EMERALD RIDGE DRIVE SARASOTA FL 34233	4419 EMERALD RIDGE DRIVE SARASOTA FL 34233

3. Date Incorporated or Qualified: 05/04/1988
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business	2a. Mailing Address
21 4030 LANCASTER DR.	26 4030 LANCASTER DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL.	28 City & State: SARASOTA, FL.
24 Zip: 34241 25 Country: U.S.	29 Zip: 34241 30 Country: U.S.

4. FEI Number: NOT APPLICABLE ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELLS, DIANE 4419 EMERALD RIDGE DRIVE SARASOTA FL 34233	81 Name: PAUL LEIPOLD. 82 Street Address (P.O. Box Number Is Not Acceptable): 4030 LANCASTER DR. 83 84 City: SARASOTA. FL 85 Zip Code: 34241

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: Paul Leipold. 3-28-96
Signature, typed or printed name of registered agent and title if applicable — (FOR Registered Agent signature required when changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHIVELY, GLEN 3500 HENRIETTA PLACE SARASOTA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DEFOUW, ROGER 1397 43RD ST. SARASOTA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WELLS, DIANNE 4419 EMERALD RIDGE DR. SARASOTA FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	ST PAUL LEIPOLD 4030 LANCASTER DR SARASOTA FL 34241	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENNEY, GREG 6613 TEMA LANE SARASOTA FL	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D MICHAEL WAYNE 2961 LYNNHURST ST SARASOTA FL 34239	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKS, BILL 6504 SHADOWBORRK DR. E. LAKELAND FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	800001TTOOGE -04/05/96--01005--026 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: P.J. Leipold 3-28-96 941-377-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)