FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:13

DOCUMENT # **N33844** **(4)**

1. Corporation Name
BUCK RUNNERS HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
C/O TERRY G. STEWART 6901 PINE TOP ROAD HOLT FL 32564	C/O TERRY G. STEWART 6901 PINE TOP ROAD HOLT FL 32564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2967344 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEWART, TERRY
6901 PINE TOP ROAD
HOLT FL 32564-8903

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WHITFIELD, FRED	1.2 NAME	WOODS, DON	
STREET ADDRESS	ROUTE 1, BOX 93C	1.3 STREET ADDRESS	P.O. BOX 154, N/A	
CITY-ST-ZIP	HOLT FL	1.4 CITY-ST-ZIP	HOLT FL 32564	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WOODS, GARY	2.2 NAME	WOODS, DWAYNE	
STREET ADDRESS	354 MARSHALL DRIVE	2.3 STREET ADDRESS	RT1 BOX 232, N/A	
CITY-ST-ZIP	HOLT FL	2.4 CITY-ST-ZIP	HOLT FL 32564	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	NAGEL, DONALD	3.2 NAME		
STREET ADDRESS	P. O. BOX 353, N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLT FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, TERRY	4.2 NAME		
STREET ADDRESS	6901 PINE TOP ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLT FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WOODS, DWAYNE	5.2 NAME	BONDEN, RICHARD	
STREET ADDRESS	RT. 1, BOX 232	5.3 STREET ADDRESS	RT. 1 BOX 85, N/A	
CITY-ST-ZIP	HOLT FL	5.4 CITY-ST-ZIP	HOLT FL 32564	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Terry G. Stewart TERRY G. STEWART 01/16/95 (904)452-2365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072660