

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33844 (4)

1. Corporation Name

BUCK RUNNERS HUNTING CLUB, INC.



Principal Place of Business

C/O TERRY G. STEWART
6901 PINE TOP ROAD
HOLT FL 32564

Mailing Address

C/O TERRY G. STEWART
6901 PINE TOP ROAD
HOLT FL 32564

3. Date Incorporated or Qualified
08/22/1989

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 DWAYNE T. Woods

26

4. FEI Number

59-2967344

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

22 Suite, Apt. #, etc.
4696 Summertime DR.

27 Suite, Apt. #, etc.

23 City & State

HOLT FL

28 City & State

24 Zip
32564

Country

OKALOOSA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

DWAYNE T Woods

82 Street Address (P.O. Box Number is Not Acceptable)

4696 summertime DR.

83

84 City

HOLT

FL

85 Zip Code
32564

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

Dwayne T Woods DWAYNE T WOODS

2-5-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WOODS, DON
STREET ADDRESS P.O. BOX 154 N/A
CITY-ST-ZIP HOLT FL 32564 ☐ DELETE

TITLE VD
NAME WOODS, DWAYNE
STREET ADDRESS RT. 1 BOX 232
CITY-ST-ZIP HOLT FL 32564 ☒ DELETE

TITLE SD
NAME NAGEL, DONALD
STREET ADDRESS P. O. BOX 353, N/A
CITY-ST-ZIP HOLT FL ☒ DELETE

TITLE TD
NAME STEWART, TERRY
STREET ADDRESS 6901 PINE TOP ROAD
CITY-ST-ZIP HOLT FL ☒ DELETE

TITLE D
NAME BOWDEN, RICHARD
STREET ADDRESS RT. 1 BOX 85
CITY-ST-ZIP HOLT FL 32564 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 VD
2.2 NAME SCOTT RICHARDS
2.3 STREET ADDRESS PASCO BROXSON CIR
2.4 CITY-ST-ZIP HOLT FL 32564 ☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME RONALD WOODS
3.3 STREET ADDRESS POPLAR HEAD CHURCH ROAD
3.4 CITY-ST-ZIP HOLT FL 32564 ☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME Dwayne Woods
4.3 STREET ADDRESS 4696 summertime DR.
4.4 CITY-ST-ZIP HOLT FL 32564 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Dwayne T Woods DWAYNE T WOODS 2-5-96 537-3429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)