


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 01 1998 8:00am⁸
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N35044 (9)
1. Corporation Name
PUTNAM COUNTY PRIMITIVE WEAPONS CLUB, INC.



Principal Place of Business P.O. BOX 2024 P. O. BOX 2024 PALATKA FL 32177 US	Mailing Address P.O. BOX 2024 P. O. BOX 2024 PALATKA FL 32177 US
--	--

3. Date Incorporated or Qualified 11/06/1989	Applied For Not Applicable
4. FEI Number 59-2415118	

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BOURDEAU, WILLIAM
1006 S. 15TH ST.
RT. 3, BOX 191
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	MOTES, ROCKY
STREET ADDRESS	P. O. BOX 632 N/A
CITY-ST-ZIP	HOLLISTER FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BOURDEAU, BILL
STREET ADDRESS	1006 S. 15TH ST.
CITY-ST-ZIP	PALATKA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	JACKSON, DANA
STREET ADDRESS	2701 S. PALM AVE
CITY-ST-ZIP	PALATKA FL 32177
TITLE	VD <input type="checkbox"/> DELETE
NAME	WILLIAMS, BUTCH
STREET ADDRESS	P. O. BOX 459 N/A
CITY-ST-ZIP	BOSTWICK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAILEY, MARK
STREET ADDRESS	P. O. BOX 51 N/A
CITY-ST-ZIP	SAN MATEO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STUTO, SAM
STREET ADDRESS	ROUTE 6 BOX 406
CITY-ST-ZIP	PALATKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

William Bourdeau
WILLIAM BOURDEAU

7-14-98 904325-5720
Date Daytime Phone #

CR2E037 (5/98)