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 APR -5 PM 2:26

DOCUMENT # **N40746** **(2)**

1. Corporation Name

FLORIDA POWER EMPLOYEES BOW HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
C/O J.R. LINDQUIST PO BOX 14042,MAC B3N ST. PETERSBURG FL 33733 US	C/O J.R. LINDQUIST PO BOX 14042,MAC B3N ST. PETERSBURG FL 33733 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1990
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-3036298 ☐ 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
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LINDQUIST, JOSEPH R
6795-14TH ST. S
ST. PETERSBURG FL 33705

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 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKINNIE, STEPHEN E	1.2 NAME	
STREET ADDRESS	2948 BRYANT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, JOHN	2.2 NAME	
STREET ADDRESS	450 66 AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, GEORGE W	3.2 NAME	
STREET ADDRESS	PO BOX 337	3.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDQUIST, JOSEPH	4.2 NAME	
STREET ADDRESS	6795-14TH ST. S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, WAYNE	5.2 NAME	
STREET ADDRESS	615 N CALHOUN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, PAUL	6.2 NAME	
STREET ADDRESS	1917 TANGLEWOOD DR. NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

NO CHANGES N/A

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: Joseph R. Lindquist 3/9/95 (813)866-5429
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Telephone Number

0014870