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 14 AM 9:35

DOCUMENT # N49504 (6)

1. Corporation Name
PACETTI'S HUNTING CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 3791 ST. AUGUSTINE FL 32085	P.O. BOX 3791 ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified: 06/23/1992
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-3118832 ☐ 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	10. Name and Address of New Registered Agent
SIRAGUSA, MICHAEL A. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085-3007	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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	[illegible] Delete	1.2 NAME	RAULERSON, CARL	
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	3354 RAULERSON RD.	
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32094	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	WALTON, SHANE	2.2 NAME		
STREET ADDRESS	2831 DEL RIO DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	[illegible] Delete	3.2 NAME	STRICKLAND, WAYNE R.	
STREET ADDRESS	[illegible]	3.3 STREET ADDRESS	PO Box 4226	
CITY-ST-ZIP	[illegible]	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32085-4226	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LEGGETT, ROY	4.2 NAME		
STREET ADDRESS	3484 CHURCH ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	[illegible] Delete	5.2 NAME	BURCHFIELD, BRIAN	
STREET ADDRESS	[illegible]	5.3 STREET ADDRESS	2900 PLEASURE LANE	
CITY-ST-ZIP	[illegible]	5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, JERRY	6.2 NAME		
STREET ADDRESS	P.O. BOX 3767 3545 LEWISPEEDWAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	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: [signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000270