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

APPROVED AND FILED

DOCUMENT # N50965 (5)

1. Corporation Name

PRINGLE SWAMP HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 353843 PALM COAST FL 32135 US	P.O. BOX 353843 PALM COAST FL 32135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1992
3a. Date of Last Report: 06/30/1994
4. FEI Number: 56-3169089 ☐ 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 County 25

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

9. Name and Address of Current Registered Agent

GUNTHARP, PAUL M. JR.
4 OLD KINGS RD. NORTH
SUITE B
PALM COAST FL 32137

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, JOE
STREET ADDRESS	P.O. BOX 353843 N/A
CITY ST ZIP	PALM COAST FL
TITLE	VD
NAME	DURRANCE, STEPHEN
STREET ADDRESS	DATIL PEPPER RD
CITY ST ZIP	ST AUGUSTINE FL
TITLE	TD
NAME	~~THOMAS, CHRIS~~
STREET ADDRESS	~~1900 S. R. 207~~
CITY ST ZIP	~~ST. AUGUSTINE FL~~
TITLE	SD
NAME	HUMPHRIES, SHELLEY
STREET ADDRESS	3920 CURRY RD.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	RODEN, MARK
STREET ADDRESS	5350 MUSKEGAN RD.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	KERSEY, JOE
STREET ADDRESS	595 SOUTH HOLMES BLVD.
CITY ST ZIP	ST. AUGUSTINE FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☒ Addition
32 NAME	BELL, WAYNE	
33 STREET ADDRESS	1590 CR 13 South	
34 CITY ST ZIP	Hastings, Fla 32145	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: X WAYNE BELL Wayne Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

$155.95 904-692-1432
Date Daytime Phone #

0023935