

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90004 026 \*\*\*\*61.25

DOCUMENT # N93000001291

1. Corporation Name

DOUBLE "A" HUNTING CLUB, INC.

Principal Place of Business

% JAMES W. PUCKETT  
5087 GALLIVER CUTOFF  
BAKER FL 32531  
US

Mailing Address

% JAMES W. PUCKETT  
5087 GALLIVER CUTOFF  
BAKER FL 32531  
US



2. Principal Place of Business

21 Malcolm Bracewell

Suite, Apt. #, etc.

22 5856 Houston Ln

City & State

23 Crestview, FL

Zip

24 32539

Country

25 US

2a. Mailing Address

26 5856 Houston Ln

Suite, Apt. #, etc.

27

City & State

28 Crestview, FL

Zip

29 32539

Country

30 US

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

59-3177071

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

9. Name and Address of Current Registered Agent

PUCKETT, JAMES W  
5087 GALLIVER CUTOFF  
BAKER FL 32531

10. Name and Address of New Registered Agent

81 Name Malcolm L. Bracewell

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

5856 Houston Ln

83

84 City Crestview

FL

85 Zip Code 32539

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 Malcolm L. Bracewell Sec. Tr. Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

13 July 99

12. OFFICERS AND DIRECTORS

TITLE PD ANGLIN, WILLIAM H ☒ DELETE

NAME ANGLIN, WILLIAM H  
STREET ADDRESS 1026 E. CHESNUT  
CITY-ST-ZIP CRESTVIEW FL

TITLE VP FLOYD, ED ☒ DELETE

NAME FLOYD, ED  
STREET ADDRESS 8568 WELCOME CHURCH RD.  
CITY-ST-ZIP MILTON FL

TITLE STD PUCKETT, JAMES W ☒ DELETE

NAME PUCKETT, JAMES W  
STREET ADDRESS 5087 GALLIVER CUTOFF  
CITY-ST-ZIP BAKER FL

TITLE D ANGLIN, RANDY ☒ DELETE

NAME ANGLIN, RANDY  
STREET ADDRESS 2282 CRANE LANE  
CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Edward Floyd  
1.3 STREET ADDRESS 4877 Carl Booker Rd  
1.4 CITY-ST-ZIP Milton, FL 32583

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Jeff Pfeiffer  
2.3 STREET ADDRESS 7013 E 11th St  
2.4 CITY-ST-ZIP Crestview, FL 32530

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME Malcolm Bracewell  
3.3 STREET ADDRESS 5856 Houston Ln  
3.4 CITY-ST-ZIP Crestview, FL 32539

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Jeff Nelson  
4.3 STREET ADDRESS 8580 Welcome Church Rd.  
4.4 CITY-ST-ZIP Milton, FL 32583

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Malcolm L. Bracewell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

13 July 99

CR2E037 (5/99)