

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004073 (3)

1. Corporation Name

B-C HUNTING CLUB INC.

Principal Place of Business

Mailing Address

**RURAL ROUTE 1 BOX 114-A
FREEPORT FL 32439**

**RURAL ROUTE 1 BOX 114-A
FREEPORT FL 32439**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1993

3a. Date of Last Report
04/26/1994

4. FEI Number
59-3202014

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, LOWERY W
RURAL ROUTE 1 BOX 114-A
HWY 20 WEST
FREEPORT FL 32439**

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 officer 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BROWN, LOWERY W**
STREET ADDRESS **RT 1 BOX 114-A**
CITY - ST - ZIP **FREEPORT FL**

1.1 TITLE **PD** Change Addition
1.2 NAME **LOWERY W. BROWN**
1.3 STREET ADDRESS **HWY 20 WEST RT 1 BOX 114 A**
1.4 CITY - ST - ZIP **FREEPORT FL 32439**

TITLE **VD**
NAME **CAUDILL, LOYD E**
STREET ADDRESS **RT 3, BOX 17**
CITY - ST - ZIP **FREEPORT LF**

2.1 TITLE **VD** Change Addition
2.2 NAME **LOYD E. CAUDILL**
2.3 STREET ADDRESS **BOURBON ST RT 3 BOX 17**
2.4 CITY - ST - ZIP **FREEPORT FL 32439**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE **D** Change Addition
3.2 NAME **LOWERY W BROWN JR**
3.3 STREET ADDRESS **HWY 20 WEST BOX 114A**
3.4 CITY - ST - ZIP **FREEPORT FL 32439**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lowery W Brown **LOWERY W. BROWN**

4/24/95 **904-897-2044**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Year)

Telephone Number