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
95 APR 17 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004975 (9)

1. Corporation Name
GULF RIFLE CLUB, INC.

Principal Place of Business	Mailing Address
HIGHWAY 71, 1 MILE N OR PT ST JOE PORT ST. JOE FL 32456 US	PO BOX 333 PORT ST. JOE FL 32456 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3053345 ☐ 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

FADIO, JOHN
1011 WOODWARD AVE.
PORT ST. JOE FL 32456

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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	SIMON, BOB	12 NAME	LYLE STEWART	
STREET ADDRESS	1323 LONG AVE	13 STREET ADDRESS	115 6TH START H.V.	
CITY-ST-ZIP	PORT ST. JOE FL	14 CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	STEVENS, CHARLES JR.	22 NAME	SIMON BOB	
STREET ADDRESS	108 20TH ST	23 STREET ADDRESS	1323 LONG AVE	
CITY-ST-ZIP	PORT ST. JOE FL	24 CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	DST	31 TITLE	DS	☒ Change ☐ Addition
NAME	FADIO, JOHN	32 NAME	JOHN FADIO	
STREET ADDRESS	1011 WOODWARD AVE.	33 STREET ADDRESS	1011 WOODWARD AVE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	34 CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		41 TITLE	DT	☐ Change ☒ Addition
NAME		42 NAME	MARTIN, WAYNE	
STREET ADDRESS		43 STREET ADDRESS	1611 PALM BLVD	
CITY-ST-ZIP		44 CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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. 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: JOHN G FADIO John G Fadio 4/13/95 904 (229-8421
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000119