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Apr 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32457-0333
US

3. Date Incorporated or Qualified
11/04/1993

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3053345

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

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

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

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 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

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 DP ☒ DELETE

NAME STEWART, LYLE
STREET ADDRESS 115 - 6TH STREET H.V.
CITY-ST-ZIP PORT ST. JOE FL

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME BRIAN UPTON
1.3 STREET ADDRESS 105 GULF AIRE DRIVE
1.4 CITY-ST-ZIP PORT ST JOE, FL 32456

TITLE DV ☐ DELETE

NAME O'NEILL, PATRICK
STREET ADDRESS ST RT 1 BOX 771
CITY-ST-ZIP PORT ST. JOE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME FADIO, JOHN
STREET ADDRESS 1011 WOODWAD AVE.
CITY-ST-ZIP PORT ST. JOE FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☒ DELETE

NAME MARTIN, WAYNE
STREET ADDRESS 1511 PALM BLVD.
CITY-ST-ZIP PORT ST. JOE FL

3.1 TITLE DT ☒ Change ☐ Addition

3.2 NAME DAVID WHITFIELD
3.3 STREET ADDRESS 107 BELLAMY CIRCLE
3.4 CITY-ST-ZIP PORT ST JOE, FL 32456

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *John G. Fadio* 3/24/97 904-229-8421

CR2E037 (9/96)