03161999-90130-047-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

**FILED**
**Mar 16, 1999 8:00 am**
**Secretary of State**
03-16-1999 90130 047 ****70.00

281054 - 90086 - 26 4 *

DOCUMENT # N97000006218

1. Corporation Name
DIXIE SHOOTERS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8768 CHAMBORE DRIVE<br>JACKSONVILLE FL 32256 | 8768 CHAMBORE DRIVE<br>JACKSONVILLE FL 32256 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 8596 Arlington Expressway | 26 8596 Arlington Expressway | 11/03/1997 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number 59-3476079 ☐ Applied For ☐ Not Applicable |
| 23 Jacksonville, Florida | 28 Jacksonville, Florida | 5. Certificate of Status Desired ☒ $8.75 Additional Fee Required |
| 24 Zip 32211 25 Country USA | 29 Zip 32211 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

DERESINSKI, JAMES E
8768 CHAMBORE DRIVE
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Clark Vargas
82 Street Address (P.O. Box Number is Not Acceptable):
83: 8596 Arlington Expressway
84 City: Jacksonville FL 85 Zip Code: 32211

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 _____ DATE 8/20/99
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 | PTD | ☐ DELETE | 1.1 TITLE | PD | ☐ Change ☒ Addition |
| NAME | DERESINSKI, JAMES E | | 1.2 NAME | REBMAN, BEN | |
| STREET ADDRESS | 8768 CHAMBORE DRIVE | | 1.3 STREET ADDRESS | 8181 Barracuda Road | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | | 1.4 CITY-ST-ZIP | Jacksonville, Florida 32244 | |
| TITLE | SD | ☒ DELETE | 2.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | ANPANAVICH, PAUL | | 2.2 NAME | ANTANAVICH, PAUL | |
| STREET ADDRESS | 8768 CHAMBORE DRIVE | | 2.3 STREET ADDRESS | 2868 Hilsdale Harbor Way | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | | 2.4 CITY-ST-ZIP | Jacksonville, Florida 32216 | |
| TITLE | VD | ☒ DELETE | 3.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | LEACHMAN, TERRY | | 3.2 NAME | WATTS, JAMES | |
| STREET ADDRESS | 8768 CHAMBORE DRIVE | | 3.3 STREET ADDRESS | 2819 Iroquois Ave. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | | 3.4 CITY-ST-ZIP | Jacksonville, Florida 32210 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | VD | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | VARGAS, CLARK | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 8596 Arlington Expressway | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Jacksonville, Florida 32211 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | CARAPELLOTTI, JOE | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 9644 Bayou Bluff Drive | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Jacksonville, Florida 32257 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | ERICKSON, RANDY | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 9028 Latimer Road. W. | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Jacksonville, Florida 32256 | |

CR2E037 (11/98)

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:** SIGNATURE REQUIRED/P. 3/16/99 904 725-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #