2003 FOR PROFIT CORPORATION

FILED Jan 13, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P01000069529 DOCUMENT # 1. Entity Name 01-13-2003 90068 024 ***150.00 PENSACOLA HUNTING CLUB. INC. Principal Place of Business Mailing Address POWERPLUS ELECTRIC INC PO BOX 13145 70007026 224 EAST GOVERNMENT ST PENSACOLA FL 32591-0249 PENSACOLA FL 32501 2. Principal Place of Busines 3. Mailing Address Same as Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3735349 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, JOHNNY L Street Address (P.O. Box Number is Not Acceptable) 224 EAST GOVERNMENT ST. PENSACOLA FL 32501 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATUR ped or printed name of registered agent and title if ar FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (10/02) Change ☐ Addition GRIFFIN, JOHNNY L NAME NAME STREET ADDRESS 224 EAST GOVERNMENT ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME TIDWELL, DONALD E NAME STREET ADDRESS 224 EAST GOVERNMENT ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

POT TO OFFICER OR DIRECTOR AND TYPED OR PRINTED NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a table like empowered.