FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address
170 D COLLEGE DR

ORANGE PARK FL 32065-7601

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

170 D COLLEGE DR

ORANGE PARK FL 32065

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071685 (8)

DOUBLE GATE HUNTING CLUB, INC.

3. Date incorporated or Qualified 3a. Date of Last Report 09/14/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3242135 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOREE, DAVID S 170 D COLLEGE DR 82 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK FL 32065 83 84 City Zip Code 85 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 Styriature, typischer printed name of registered agent and blo if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE 100 BOREE, DAVID S NAME 1.2 NAME 170 D COLLEGE DR STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32065** C TY - S1 - ZiP 1.4 CITY - ST - ZIP DELETE Change Addition 1111 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET AUDIEUS 2. 4 CHTY - ST - ZIP CITY S DELETE TILLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHT-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition TPUE 51 TITLE 5.2 NAME NAME STREET ACCURESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-7P DELETE Change Addition TITLE 6.1 THLE 6.2 NAME NAMi **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP 0.11Y - \$3 - 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED Apr 25 1997 8:00am Secretary of State



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