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03-03-1999 90044 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S06912

1. Corporation Name

SHOAL RIVER GUN CLUB, INC.

Principal Place of Business

**3985 HWY 90 E
BOX 1293
CRESTVIEW FL 32536**

Mailing Address

**3985 HWY 90 E
BOX 1293
CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1990

4. FEI Number

59-3047210

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, JAMES D.
5127 EASTLAND ST
CRESTVIEW FL 32539**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
510 Stillwell Ave.

83

84 City **Crestview**

FL

85 Zip Code
32539

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

James D. Griffin

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GRIFFIN, JAMES D.**
STREET ADDRESS **5543 MONTERREY RD**
CITY-ST-ZIP **CRESTVIEW FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **510 Stillwell Avenue**
1.4 CITY-ST-ZIP **Crestview, FL. 32539**

TITLE **D** ☐ DELETE
NAME **KRAUSE, MICHAEL E**
STREET ADDRESS **5 NEWPORT DR**
CITY-ST-ZIP **CRESTVIEW FL 32539**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GRIFFIN, SARA A.**
STREET ADDRESS **5543 MONTERREY RD**
CITY-ST-ZIP **CRESTVIEW FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Krause, Patricia M.**
3.3 STREET ADDRESS **5 Newport Drive**
3.4 CITY-ST-ZIP **Crestview, FL. 32539**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, 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:

James D. Griffin

2-1-99 850-689-1997

CR2E034 (1/98)