**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51576 (4)

1. Corporation Name

GAINESVILLE SPORTSMEN'S CLUB, INC.

800001466058
-04/27/95--01018--018
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| 414 NE 39 Avenue<br>Gainesville, FL 32609 | 414 NE 39 Avenue<br>Gainesville, FL 32609 |

3. Date Incorporated or Qualified: 05/10/1991
3a. Date of Last Report: 01/10/1995

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 
City & State (23): 
City & State (28): 
Zip (24): * Country (25): 
Zip (29): Country (30):

4. FEI Number: 59-3064841 ☐ 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 |
|---|---|
| * RONALD E. HOLMES<br>623 North Main Street<br>Gainesville, FL 32601<br><br>*NOTE ADDRESS CHANGE FOR REGISTERED AGENT* | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D/P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Phillips, David | 12 NAME | |
| STREET ADDRESS | 414 NE 39 Avenue | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Gainesville, FL 32609 | 14 CITY-ST-ZIP | |
| TITLE | V | 21 TITLE | ☒ Change ☐ Addition |
| NAME | Harris, Suzanne | 22 NAME | NO LONGER V - PLEASE DELETE |
| STREET ADDRESS | 414 NE 39 Avenue | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Gainesville, FL 32609 | 24 CITY-ST-ZIP | |
| TITLE | V | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Woods, Josie C. | 32 NAME | |
| STREET ADDRESS | 3411 NW 33 Lane | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Gainesville, FL 32605 | 34 CITY-ST-ZIP | |
| TITLE | S/T | 41 TITLE | ☒ Change ☐ Addition |
| NAME | Myrick, Edith L. | 42 NAME | |
| STREET ADDRESS | 25 Live Oak Lane | 43 STREET ADDRESS | NO LONGER S/T - PLEASE DELETE |
| CITY-ST-ZIP | Archer, FL 32618 | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | S/T ☐ Change ☒ Addition |
| NAME | | 52 NAME | Sinclair, Sandy |
| STREET ADDRESS | | 53 STREET ADDRESS | 3904 NW 14 Street |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | Gainesville, FL 32605 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David Phillips David Phillips (D/P) 904/376-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-21-95