

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

FILED

**May 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000016032 (0)

1. Corporation Name
THE GUN EMPORIUM, INC.



Principal Place of Business
**190 SAWDUST LANE
BROOKSVILLE FL 34601**

Mailing Address
**190 SAWDUST LANE
BROOKSVILLE FL 34601-2421**

3. Date Incorporated or Qualified
02/21/1996

3a. Date of Last Report

4. FEI Number
59-3366735

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

2. Principal Place of Business

21 **19227 Cortez Blvd**

Suite, Apt. #, etc.

22

City & State
Brooksville, FL

23

Zip Country
34601 USA

24

2a. Mailing Address

26 **19227 Cortez Blvd**

Suite, Apt. #, etc.

27

City & State
Brooksville, FL

28

Zip Country
34601 USA

29

30

9. Name and Address of Current Registered Agent
**NESSLER, PAUL H JR.
4040 COMMERCIAL WAY
SUITE 4
SPRING HILL FL 34608**

10. Name and Address of New Registered Agent

81 Name
William Davis

82 Street Address (P.O. Box Number is Not Acceptable)
19227 Cortez Blvd

83

84 City
Brooksville

FL

85 Zip Code
34601

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 *William H. Davis Pres* **William H. Davis** x **5/13/97**

Signature typed or printed name of registered agent and title if applicable (NOT F. Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P/D William H. Davis
13 STREET ADDRESS	130 SAWDUST LANE
14 CITY-ST-ZIP	Brooksville, FL 34601
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP/D Duane Audette
23 STREET ADDRESS	130 SAWDUST LANE
24 CITY-ST-ZIP	Brooksville, FL 34601
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	S/T Judy Davis
33 STREET ADDRESS	130 SAWDUST LANE
34 CITY-ST-ZIP	Brooksville, FL 34601
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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.

CFR2E034 (9/96)

William H. Davis Pres **William H. Davis** x **5/13/97** 352-792-7367