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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 01, 1999 8:00 am Secretary of State

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Corporation Name CLERMONT GUN & SPORTS DEPOT, INC.



Place of Business Mailing Address S US HWY 27 1500 S US HWY 27 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1998
 4. FEI Number 365-58-8421 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

Principal Place of Business 26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent BONJORN, PAMELA S 1500 S US HWY 27 CLERMONT FL 34711

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Pamela S. BonJorn - DePres 1-21-99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	D BONJORN, PAMELA S 1500 S US HWY 27 CLERMONT FL 34711	1.1 TITLE AND	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	D BONJORN, JOSEPH T 1500 S US HWY 27 CLERMONT FL 34711	2.1 TITLE AND	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE		3.1 TITLE Treasure	Anita gampher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE		4.1 TITLE Vice President	William gampher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE		5.1 TITLE	
<input checked="" type="checkbox"/> DELETE		6.1 TITLE	

I 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 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 another like empowered.

SIGNATURE: [Signature] 1-21-99 3523942112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Pamela S. BonJorn

CR2E034 (1/198)