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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000043190

ACCURATE GUN WORKS, INC.

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90013 041 \*\*\*150.00



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Principal Place	e of Business	Mailing Address		- I TUDITADI SIO TELDI TORIL URBIT URBIT ORBIT ORBIT DIORE TRIGI HANG HANN SON	//
2250 S NOVA RD. UNIT 2 2250 S NOVA RD. UNIT 2					
SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				05/11/1998	
2 Principal P	lace of Business	2a, Mailing Address		4 FEI Number Applied For	$\neg$
21	idos di Busilioss	26		59-3520592 Not Applicab	le
Suite, Apt.	# etc.	Suite, Apt. #, etc.		\$8.75 Additional	$\neg$
22		27		5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be	1
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 3	0	Personal Property Tax. Yes No	_
	9. Name and Address of Curren	it Registered Agent	-	10. Name and Address of New Registered Agent	
1401	IAM WOULDIED DA		81 Name	John Mischle	
WILLIAM WOHLSIFER, P.A.			82 Street Addr	ress (P.O. Bpx Number is Not Acceptable)	
347 S RIDGEWOOD AVE, STE C DAYTONA BEACH FL 32114				South Nova Road-Suite L	_
DAY	IUNA DEAUR FL 32114		83		ļ
			84 City	// ()/ B5 Zip Code	
_				outh DAYtona FL 32119	_
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 a	m familiar with and accept the obligation	tions of, Section 607.0505, Floric	la Statutes.	1.1 (1/2-1-	
SIGNATURE	Mistl_	Vohn Misc	hle-Pres		
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
12.	PVST	DELETE	1,1 TITLE	☐ Change ☐ Addit	
NAME	MISCHLE, JOHN		1.2 NAME		ļ
STREET ADDRESS	A LIGHT BB LINE A		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		1.4 CITY-ST-ZIP		- [
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addit	tion
NAME	MISCHLE, JOHN		2.2 NAME		Ì
STREET ADDRESS	AARA A MAMA BB HANT A		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	•	2, 4 CiTY-ST-ZIP	and the second s	
TITLE		☐ DÉLÉTE	3.1 TITLE	☐ Change ☐ Addit	tion
NAME			3.2 NAME		
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CITY-ST-ZIP			4.4 CITY-ST-ZiP	<u></u>	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addit	tion
NAME	<u> </u>		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addi	tion
NAME			6.2 NAME		- 1
STREET ADDRESS			6.3 STREET ADDRESS		
I			6.4 CITY-ST-7IP		- 1

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: