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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 301686

(2)

CHEATHAM GUNSTOCKS, INC.

Principal Place of Business	Mailing Address	T 108100 NIGHT ADIÐI NAÐA ANGR JARR ÞERT ANGRE
1834 SE LAKE WEIR RD OCALA FL 34471	1834 S.E. LAKE WEIR ROAD OCALA FL 34471-5425	

FILED Jun 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				T DESCOR HALL BOTAL HATA BLAD LOUGH BOTH BLAD BLAD BLAD BLAD BLAD BLAD BLAD BLAD			
1834 SE LAKE WEIR RD 1834 S.E. LAKE WEIR ROAD OCALA FL 34471 5425 US US							
						3. Date Incorporated or Qualified 3a. Date of Last Repo 02/04/1966 04/30/1996	rt
2. Principal P	Principal Place of Business 2a. Mailing Address		4. FEI Number Applie	d For			
21		26				plicable	
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Reguli	
City & Stat	le	City & State	 		•	6. Election Campaign Financing Trust Fund Contribution \$5.00 Ma Added to Fi	
Zip	Country	Zφ	Cou	niry		8. This corporation has liability for intangible tax under s. 19	9.032,
24	25	29	30			Florida Statutes 🔀 Yes 🗌 No	
	9. Name and Address of Curr	ent Registered Agent		81		10. Name and Address of New Registered Agent	
	rk, Charles			8'	Name		
		ess (P.O. Box Number is Not Acceptable)					
00	ALA FL 34471			83			
·				84	City	FL 85 Zip Cod	e
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	itutes, the at	oove avoc	e-named corpo	oration submits this statement for the purpose of changing its re-	pistered
l office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	te ol Florida. Such change wa	as authorized	d by	the corporation	ion's board of directors. I hereby accept the appointment as regi	stered
	arrivarima with a readopt the opin	igations of Goodon Gov. Good,	rionda otal	uics	•		1
SIGNATURE	Signature, typed or printed name of registered a	igent and little if applicable (f	NO1E: Registered	i Age	nt signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	P	☐ DELETE	1.1 10			Change	Addition :
NAME	CHEATHAM, HENRY A.		1.2 N/				Į:
STREET ADDRESS	1934 SE LAKE WEIR RD		1.3 ST	REE1	ADDRESS		
CITY-ST-ZIP	OCALA FL	T DELETE	1.4 CI		T-ZIP		1 de martino
TITLE	OUPATHAM ONADITO H	☐ DELETE	2.1 Ti1			Change	Addition
NAME	Ann Administration						
STREET ADDRESS	ORLANDO FL				ADDRESS		1
CITY-ST-ZIP TITLE	S S	DELETE	2. 4 C 3.1 Til		SI - ZIP	Change	Addition
NAME	CHEATHAM, DOROTHY E.		3.2 NA			villings	11.00
STREET ADDRESS	1934 SE LAKE WEIR RD			-	ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4. C		1		
TALE		DELETE	4.1 10		1	Change	Addition
NAME			4.2 N	AME	İ		
STREET ADDRESS			4.3 ST	REET	ADDRESS]
CITY-ST-ZIP			4.4 CI				
TITLE		DELETE	5.1 10			Change	Addition
NAME			5.2 NA	ME			ŀ
STREET ADDRESS			5.3 ST	REET	ADDRESS		ļ
CITY-ST-ZIP	<u></u>		5.4 CI	1Y-S1	I-ZIP		
TITLE		DELETE	6.1 Til	rl F		Change	Addition
NAME			6.2 NA	ME			1
STREET ADDRESS			6.3 S1	REET	ADDRESS		

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 changed, or on an altesament with an address.