

FILE NOW: FILING FEE AFTER MAY 1 IS \$550⁰

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortl Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 570457 (2)
1. Corporation Name
DISCOUNT GUNS, INC.



Principal Place of Business 235 E MERRITT ISLAND CSWY MERRITT ISLAND FL 32852	Mailing Address 235 E MERRITT ISLAND CSWY MERRITT ISLAND FL 32852-3645
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2. Principal Place of Business 21 4821 E BUSCH BLVD Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33617 Country 25	2a. Mailing Address 26 4821 E BUSCH BLVD Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33617 Country 30
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3. Date Incorporated or Qualified 04/26/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1829632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
GRIGGS, ROBERT A.
235 E MERRITT ISLD CSWY
MERRITT ISLAND FL 32852

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer 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 _____ DATE _____
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	GRIGGS, ROBERT A
STREET ADDRESS	235 E MERRITT ISLD CSWY
CITY- ST- ZIP	MERRITT ISLAND, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	REYNOLDS, MARK
STREET ADDRESS	4938 E BUSCH BLVD.
CITY- ST- ZIP	TAMPA FL
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4821 E BUSCH BLVD
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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.

SIGNATURE: MARK REYNOLDS 4-10-97 813-988-4956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0106701

CR2E034 (9/96)