FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 8:32

DOCUMENT # 736409 (4)

1. Corporation Name
PALMETTO PISTOL CLUB, INC.

Principal Place of Business	Mailing Address
7350 CORAL WAY MIAMI FL 33155	~~6425 SW 70 CT~~ ~~MIAMI FL 33143~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1976	3a. Date of Last Report: 07/29/1994
4. FEI Number: 65-0194126	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business		2a. Mailing Address			
21		26	6425 SW 70 ST		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27			
City & State		City & State			
23		28	MIAMI FL		
Zip	Country	Zip		Country	
24	25	29	33143	30	-

9. Name and Address of Current Registered Agent

GERMAN, SALAZAR A
8425 SW 70 ST
MIAMI FL 33143

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

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	JONES, WILLIAM	12 NAME		
STREET ADDRESS	9674 NW 10 AVE. #808	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	FORD, JOHN	22 NAME		
STREET ADDRESS	10445 SW 43 ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	GERMAN, SALAZAR A	32 NAME		
STREET ADDRESS	8425 SW 70 ST	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FIRLEY, JOHN	42 NAME		
STREET ADDRESS	6465 S.W. 23RD ST.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KEENER, PAUL	52 NAME		
STREET ADDRESS	10460 SW 78 ST.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BICKLEY, JACK	62 NAME		
STREET ADDRESS	7300 S.W. 15TH ST.	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G—A— GERMAN A. SALAZAR 6/13/95 (305) 662-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042426