SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Oct 20 1998 8:00 am
Secretary of State

DOCUMENT # 768464 (0)

1. Corporation Name

TAMPA BAY ARMS COLLECTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% HORACE A. BOUNDS P. O. BOX 41666 ST. PETERSBURG FL 33743-1666	% HORACE A. BOUNDS P. O. BOX 41666 ST. PETERSBURG FL 33743-1666

3. Date Incorporated or Qualified: 05/16/1983
4. FEI Number: 59-2363666 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8440 ULMERTON RD	26 8440 ULMERTON RD
Suite, Apt. #, etc. 22 502	Suite, Apt. #, etc. 27 502
City & State 23 LARGO	City & State 28 LARGO
Zip 24 33771 Country 25 USA	Zip 29 33771 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOUNDS HORACE A
1219 RUSSELL DRIVE, NORTH
ST. PETERSBURG FL 33710-4547

10. Name and Address of New Registered Agent

81 Name: KUBES, MARK T
82 Street Address (P.O. Box Number is Not Acceptable): 8440 ULMERTON RD #502
83
84 City: LARGO 85 Zip Code: 33771

400002673FL — ****236.25 ****236.25

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] — 10-14-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLMES, NORMAN		1.2 NAME	HOLMES, NORMAN	
STREET ADDRESS	7003 FORREST VIEW CT.		1.3 STREET ADDRESS	7003 FORREST VIEW CT	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	LYMAN, JOE		2.2 NAME	KUBES, MARK	
STREET ADDRESS	14449 OAKGLEN DR., N.		2.3 STREET ADDRESS	8440 ULMERTON RD #502	
CITY-ST-ZIP	LARGO FL 33710		2.4 CITY-ST-ZIP	LARGO FL 33771	
TITLE	CMD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BOUNDS, HORACE A		3.2 NAME	BOUNDS, HORACE	
STREET ADDRESS	1219 RUSSELL DR., N.		3.3 STREET ADDRESS	1219 RUSSEL DR N	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	LAUSTER, DONALD A		4.2 NAME	LAUSTER, DONALD A	
STREET ADDRESS	1260 WELLINGTON DR		4.3 STREET ADDRESS	1260 WELLINGTON DR	
CITY-ST-ZIP	CLEARWATER FL 33546		4.4 CITY-ST-ZIP	CLEARWATER FL 33546	
TITLE	P	☒ DELETE	5.1 TITLE	~~DOBBS, ROBERT~~ D	☐ Change ☒ Addition
NAME	SCHEUERMAN, SCOTT W		5.2 NAME	DOBBS, ROBERT	
STREET ADDRESS	1640 NEVA DR		5.3 STREET ADDRESS	1369 REGINA DR W	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	LARGO FL 33770	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	LAUSTER, MARY LOU	
STREET ADDRESS			6.3 STREET ADDRESS	1260 WELLINGTON DR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CLEARWATER FL 33546	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] MARK KUBES — 10-14-98 — 727-415-8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)