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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name F84343 BULLDOG RELOADING SERVICE, INC.

(5)

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			DO NOT WRITE IN THIS SPACE			
600 N HWY 17-62 SUTE 114 LONGWOOD FL 32750		800 N HWY 17/92 STE 114 LONGWOOD FL 32750						
US	TE METOU	US			3. Date Incorporated or Qualified 06/08/1982			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		_	59-2419726		Not Applicable	
Suite, Apt	t. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	5 Additional Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country Zip Cou		Count	D/	Trust Fund Contribution			
24	25	⊢	30	',	This corporation owes or has paid the Personal Property Tax due June 30.	Yes	Intangible ☐ No	
[47]	9, Name and Address of Currer		30 1		10. Name and Address of New Register			
w	ELLS, SANTA		8	1 Name				
221 7TH ST.				2 Street Add	et Address (P.O. Box Number is Not Acceptable)			
CHULUOTA FL 32766			8	3				
			8	4 City	F	85 Z	ip Code	
11. Pursuan	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for the purposition's board of directors. I hereby accept the		g its registered	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized l rida Statut	by the corpora es.	tion's board of directors. I hereby accept the a	appointment	as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered ag-	int and little if applicable (NOTE DIDINECTORS	Ringistered A	igent sig∩ature requ	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	: 1	ADDITIONO/OFFINIALO TO OFFICE (OF	Chang		
NAME	WELLS, SANTA	_	1.2 NAM	£				
STREET ADDRESS	AAA 41 BAGA 484A		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY	-ST-ZIP				
TITLE		☐ DELFTE	2.1 TITLE	<u> </u>		☐ Chang	je 🔲 Addition	
NAME			2.2 NAM	i .				
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NAME			4. 2 NAM	AE				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 City	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
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CITY-ST-ZIP		······································		-S1-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Chang	je Addition	
NAME			6.2 NAM					
STREET ADDRESS	; [,	6.3 STRE	ET ADORESS	•			

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 ar 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: