Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90084 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500004810 1. Corporation Name

KING SHOTS INC

MING OF						
Principal Place	e of Business	Mailing Address			(1000)	
903 NW 6TH STREET P.O. BOX 14018						
GAINESVILLE FL 32601 US GAINESVILLE FL 32604 US					DO NOT WRITE IN THIS SPACE	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					3. Date Incorporated or Qualifed	
					10/05/1995	
2. Principal P	lace of Business	2a. Mailing Address	Si ///	73	4. FEI Number	Applied For
21		26 POBOX &	<u> </u>	T/	35-16817 <u>27</u>	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			I E Cadiforto of Status Desired I I '	<b>8.75</b> Additional Fee Required
City & State	9	City & State	(5:	W		5.00 May Be Added to Fees
Zip	Country	Zip	Countr	/ _ /	8. This corporation owes the current year Intangit	ole
24	25	29 46274 30	可 (	15/4	Personal Property Tax.	res □No
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Ager	11
King, Richard N 903 N.W. 6TH Street Gainesville FL 32601			82		ress (P.O. Box Number is Not Acceptable)	
			84	City	FL 85	Zip Code
office or r	enistered agent, or both, in the St.	0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	iorizea di	the corporation	poration submits this statement for the purpose of char on's board of directors. I hereby accept the appointme	iging its registered nt as registered
SIGNATURE		(NOTE: Pr	wistored Age	ant cionatura require	ed when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis  12. OFFICERS AND DIRECTORS				in signatore require	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PSC	☐ DELETE	1.1 TITLE			Change
NAME	KING, RICHARD N		1.2 NAME			
STREET ADDRESS	1610 NORTH AUBURN STR	EET	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP SPEEDWAY IN 46224		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change 🔲 Addi
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change
NAME			32 NAME			
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		

CITY-ST-ZIP 14. 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 supplies on the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of 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 charged, or all an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

□ DELETE

Change

☐ Change

Change

☐ Addition

☐ Addition

Addition