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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G36694** **(9)**

1. Corporation Name

FLORIDA BULLET INCORPORATED

Principal Place of Business	Mailing Address
% TOM FALONE, III 1916 GULF TO BAY BLVD. CLEARWATER FL 34625	% TOM FALONE, III 1916 GULF TO BAY BLVD. CLEARWATER FL 34625

3. Date Incorporated or Qualified: 05/01/1983
3a. Date of Last Report: 10/30/1995

2. Principal Place of Business	2a. Mailing Address
21 1116 So. MYRTLE AVE	26 1116 So. MYRTLE AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CLEARWATER, FL	28 City & State: CLEARWATER, FL
24 Zip: 34616 25 Country: USA	29 Zip: 34616 30 Country: USA

4. FEI Number: 59-2341725 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FALONE, TOM, III
1916 GULF TO BAY BLVD.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: FALONE TOM III
82 Street Address (P.O. Box Number is Not Acceptable): 1116 So MYRTLE AVE
83
84 City: CLEARWATER FL 85 Zip Code: 34616

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FALONE, CAROL A 1200 HERMITAGE AVE CLEARWATER FL 34625	☒ DELETE	1.1 TITLE: PRESIDENT 1.2 NAME: Tom FALONE III 1.3 STREET ADDRESS: 1116 So. MYRTLE AVE 1.4 CITY-ST-ZIP: CLEARWATER, FL 34616-3906
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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: Tom Falone 3-29-96 813-464-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)