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FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
1116 SOUTH MYRTLE AVE
CLEARWATER FL 34616-3900
US

Mailing Address
1116 SOUTH MYRTLE AVE
CLEARWATER FL 34616-3900
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1983

2. Principal Place of Business
21 300 S, DUNCAN AVE
22 Suite/Apt. #, etc. 287
23 City & State CLEARWATER FLORIDA
24 Zip 33755 25 Country USA

2a. Mailing Address
26 300 S, DUNCAN AVE
27 Suite/Apt. #, etc. 287
28 City & State CLEARWATER, FLORIDA
29 Zip 33755 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FALONE, TOM, III
1116 SOUTH MYRTLE AVE
CLEARWATER FL 34616-3900

10. Name and Address of New Registered Agent

81 Name FALONE, TOM III
82 Street Address (P.O. Box Number is Not Acceptable) 300 S. DUNCAN AVE
83 SUITE 287
84 City CLEARWATER FL 85 Zip Code 33755

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOM FALONE, III		1.2 NAME		
STREET ADDRESS	~~1116 SOUTH MYRTLE AVE~~		1.3 STREET ADDRESS	300 S DUNCAN AVE SUITE 287	
CITY-ST-ZIP	~~CLEARWATER FL 34616-3900~~		1.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33755	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 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 Pres Sec 2-13-98 813-461-4811