FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 13 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # G81238 (9)

1. Corporation Name

W & R CHIPPING, INC.

Principal Place of Business
RT. 2 BOX 1538
PONCE DE LEON FL 32455

Mailing Address
RT. 2 BOX 1538
PONCE DE LEON FL 32455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1984	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2366811	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. The corporation has liability for intangible tax under §199.032, Florida Statutes. [X] Yes [ ] No	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. **Name and Address of Current Registered Agent**

LEAVINS, WILLIAM A.
RT. 2 BOX 1538
PONCE DE LEON FL 32455

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.1508 or 617.0502, 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 am familiar with, and accept the obligations of s. 607.0505, Florida Statutes, and accept the appointment as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	
TITLE	DP
NAME	LEAVINS, WILLIAM A.
STREET ADDRESS	RT. 2 BOX 1538
CITY-ST-ZIP	PONCE DE LEON FL
TITLE	DV
NAME	LEAVINS, RAYMOND A.
STREET ADDRESS	RT. 2 BOX 1538
CITY-ST-ZIP	PONCE DE LEON FL
TITLE	D
NAME	SCOTT, WILMA L.
STREET ADDRESS	P.O. BOX 8
CITY-ST-ZIP	PONCE DE LEON FL
TITLE	D
NAME	LEAVINS, RYAN A.
STREET ADDRESS	RT. 2 BOX 1538
CITY-ST-ZIP	PONCE DE LEON FL
TITLE	DS
NAME	BROWN, WANDA LEAVINS
STREET ADDRESS	ROUTE 2 BOX 818
CITY-ST-ZIP	PONCE DE LEON FL
TITLE	DT
NAME	LEAVINS, RUBY C.
STREET ADDRESS	RT. 2 BOX 1538
CITY-ST-ZIP	PONCE DE LEON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition, blank for six entries)

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 report or supplemental 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: William A Leavins PRESIDENT 5 13 95 904-836 4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM A. LEAVINS

0411329 FP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # G82673 (6)

1. Corporation Name
FLORIDA GUN CENTER, INC.

Principal Place of Business
1770 W 38TH PLACE
HIALEAH FL 33012

Mailing Address
1770 WEST 38TH PLACE
HIALEAH FL 33012-7072
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2390189 — 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 X

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

9. Name and Address of Current Registered Agent

PEREZ, ANDRES
1770 W 38TH PLACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent
Name
Street Address
City: FL Zip Code

SIGNATURE

12. OFFICERS AND DIRECTORS

DP
PEREZ, ANDRES
1770 W 38TH PLACE
HIALEAH FL

D
PEREZ, RAMONA
1770 W 38TH PLACE
HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 825-3655

0080006 CP