FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H39413** **(0)**

1. Corporation Name
GUNRUNNER, INCORPORATED

Principal Place of Business	Mailing Address
4553A WOODVILLE HWY. TALLAHASSEE FL 32311-7426	4553A WOODVILLE HWY. TALLAHASSEE FL 32311-7426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1995	3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-2486318	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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business (21) / 2a. Mailing Address (26): 4528 Capital Cir. NW
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27): N/A
City & State (23) / City & State (28): Tallahassee Fl. 32303
Zip (24) / Country (25) / Zip (29) / Country: USA

9. Name and Address of Current Registered Agent

POOLE, BOBBY CLYDE
4553A WOODVILLE HWY.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: SAME 4528 Capital Cir. NW
82 Street Address (P.O. Box Number is Not Acceptable): [redacted]
83 [redacted]
84 [redacted] FL 85 [redacted]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named [illegible] 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. [illegible] accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	POOLE, BOBBY CLYDE	12 NAME	SAME
STREET ADDRESS	4553A WOODVILLE HWY.	13 STREET ADDRESS	4528 Capital Cir. NW
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	[redacted] Tall. FL. 32303
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: [signature] PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4-10-95
Date

[redacted]
904-562-7531