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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

GUNRUNNER, INCORPORATED

Principal Place of Business	Mailing Address
4553A WOODVILLE HWY. TALLAHASSEE FL 32311-7426	4828 CAPITAL CIRCLE TALLAHASSEE FL 32303 US

2. Principal Place of Business 21 NONE Suite, Apt. #, etc. 22 City, & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 P.O. Box 37 Suite, Apt. #, etc. 27 City & State 28 Cusseta AL. Zip / Country 29 36852 / 30 U.S.A.

3. Date Incorporated or Qualified: 01/24/1985
3a. Date of Last Report: 04/24/1995
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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POOLE, BOBBY CLYDE
4828 CAPITAL CIRCLE NW
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: LARRY S. WOLFF
82 Street Address (P.O. Box Number is Not Acceptable): 200-A John Knox Road
83
84 City: TALLAHASSEE FL 85 Zip Code: 32303-6843

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: Larry S. Wolfe — LARRY S. WOLFE (Name of Registered Agent) — DATE: Jan 25, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POOLE, BOBBY CLYDE 4828 CAPITAL CIRCLE, NW TALLAHASSEE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Poole, Bobby Clyde P.O. Box 37 Cusseta AL. 36852 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
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

CR2E034 (12/95)

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 added on an attachment with an address.

SIGNATURE: B. C. Poole — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/22/96 — DATE — 334.745-5355 — Daytime Phone #