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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:02

DOCUMENT # K47226 (1)

1. Corporation Name
PALM BEACH PISTOL CLUB, INC.

Principal Place of Business	Mailing Address
% JAMES LAWSON 4081 SE PEPPERTREE ST STUART FL 34997	% JAMES LAWSON 4081 SE PEPPERTREE ST STUART FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1988
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1657 SW CROSSINGS CIR	26 1657 SW Crossings CIR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Palm City	28 City & State: Palm City
24 Zip: 34990 25 Country: MARTIN	29 Zip: 34990 30 Country: MARTIN

4. FEI Number: 59-2941620 ☐ 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

LAWSON, JAMES E.
4081 SE PEPPERTREE STREET
STUART, 34997

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1657 SW CROSSINGS CIR
83
84 City: Palm City FL 85 Zip Code: 34990

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 _____ (Signature of person(s) naming a registered agent and Mail Address) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LAWSON, JAMES E.	12 NAME	
STREET ADDRESS	4081 SE PEPPERTREE ST	13 STREET ADDRESS	1657 SW CROSSINGS CIR
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	Palm City, Fla 34990
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	LAWSON, SHARON	22 NAME	
STREET ADDRESS	4081 SE PEPPERTREE ST	23 STREET ADDRESS	1657 SW CROSSINGS CIR
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	Palm City, Fla. 34990
TITLE	VPS	31 TITLE	☐ Change ☐ Addition
NAME	SWETT, COURTLAND R., II	32 NAME	
STREET ADDRESS	7667 NEMEC DR S.	33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	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: Sharon Lawson Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)
Sharon Hogan Lawson

03/2005 CP