

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1647226

1. Corporation Name
Palm Beach Pistol Club

Principal Place of Business <i>2047 SW Bambi Terr Stuart, FLA. 34997</i>	Mailing Address <i>% J E LAWSON 2047 SW Bambi Terr Stuart, FLA. 34997</i>
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3. Date Incorporated or Qualified <i>11/2/88</i>	3a. Date of Last Report <i>6/15/95</i>
4. FEI Number <i>59-2941620</i>	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. 199.03, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent <i>J. E. LAWSON 2047 SW Bambi Terr Stuart, FLA. 34997</i>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. TITLE NAME STREET ADDRESS CITY-ST-ZIP 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP 4. TITLE NAME STREET ADDRESS CITY-ST-ZIP 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP 6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE	1. TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. TITLE NAME STREET ADDRESS CITY-ST-ZIP 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP 4. TITLE NAME STREET ADDRESS CITY-ST-ZIP 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP 6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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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)(c), Florida Statutes, further certify that the information included 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 Hogan Lawson* *6/5/96*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

6/17/96