

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90230 031 \*\*\*150.00

0619670

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K47226**

1. Corporation Name  
**PALM BEACH PISTOL CLUB, INC.**

Principal Place of Business

**2047 SW BAMBI TERR  
STUART FL 34497  
US**

Mailing Address

**C/O J E LAWSON  
2047 SW BAMBI TERR.  
STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/07/1988**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 6590 Jupiter Gardens Blvd**

2a. Mailing Address

**26 6590 Jupiter Gardens Blvd**

Suite, Apt. #, etc.

**22 #D**

Suite, Apt. #, etc.

**27 #D**

City & State

**23 Jupiter, Florida**

City & State

**28 Jupiter, Florida**

Zip

**24 33458**

Country

**25 USA**

Zip

**29 33458**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**LAWSON, JAMES E.  
2047 SW BAMBI TERR  
STUART FL 34497**

10. Name and Address of New Registered Agent

81 Name

**Mary R. Glancy**

82 Street Address (P.O. Box Number is Not Acceptable)

**6590 Jupiter Gardens Blvd., #D**

83

84 City  
**Jupiter**

**FL**

85 Zip Code  
**33458**

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

*Mary R. Glancy*  
Signature, typed or printed name of registered agent and title if applicable

**Mary R. Glancy**

**3-8-99**

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **LAWSON, JAMES E.**  
STREET ADDRESS **2047 SW BAMBI TERR**  
CITY-ST-ZIP **STUART FL 34497**

TITLE **TD** ☐ DELETE  
NAME **LAWSON, SHARON**  
STREET ADDRESS **2047 SW BAMBI TERR**  
CITY-ST-ZIP **STUART FL 34497**

TITLE **VPS** ☐ DELETE  
NAME **SWETT, COURTLAND R., II**  
STREET ADDRESS **7667 NEMEC DR S.**  
CITY-ST-ZIP **W. PALM BCH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **MARY R. GLANCY**  
1.3 STREET ADDRESS **6590 Jupiter Gardens Blvd., #D**  
1.4 CITY-ST-ZIP **Jupiter, Florida 33458**

2.1 TITLE **TD** ☒ Change ☐ Addition  
2.2 NAME **CYNTHIA L. COOPER**  
2.3 STREET ADDRESS **8437 S.E. Pine Circle**  
2.4 CITY-ST-ZIP **Hobe Sound, Florida 33455**

3.1 TITLE **VPD** ☒ Change ☐ Addition  
3.2 NAME **JAMES A. THOMASON**  
3.3 STREET ADDRESS **855 Azalea Drive**  
3.4 CITY-ST-ZIP **Royal Palm Beachm Florida 33411**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Mary R. Glancy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-99**

DATE

**561-744-1314**

DAYTIME PHONE #

CR2E034 (11/98)