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

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | 1001 | | | | | 1 | | | | |
|--|--|--|----------------|--------------------|-------------------------|--|----------------------------------|------------------------|---------------------------|--|
| 1. Corporate | MENT # K49381 SHOT, INC. | (2) | | | | | | | | |
| | | | | | | 1 1841 1841 1841 1841 1841 1841 1841 18 | | | 9 11 19 1 1 | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 5154 SE FEDERAL HWY STUART FL 34997 STUART FL 34997-6629 | | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 12/06/1988 | 3a. Date of 05/01/19 | | port | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | 40/4/ | | lied For | |
| 21 | | 26 | | | | 65-0096950 | | | Applicable | |
| Suite, Apl | L#, etc. | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | 3.75 A | | |
| City & Sta | ile | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Ζιρ | Country | Zip | Coun | try | | 8. This corporation has liability for intangible tax under s. 199 032, | | | | |
| 24 | | | | | Florida Statutes Yes No | | | | | |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Reg | istered Agen | <u> </u> | | |
| | LE, MICHAEL L. ESQ. | | | B1 | Name | | | | | |
| 5154 SE FEDERAL HWY | | | | 32 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| STUART FL 34997 | | | | B3 | | | | | | |
|] | | | ı ı | 53 | | | | | | |
| | | | | 84 | City | | FL 85 | | | |
| 11. Pursuan office or | it to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obliga | and 607,1508. Florida Statute of Florida. Such change was a | es, the about | ove by | named corporation | pration submits this statement for the pon's board of directors. I hereby accep | urpose of char t the appointm | iging its ient as r | registered egistered | |
| - | an tarangranar, and accept file obliga | ions or, deciron our cood, inc | Jiloa Qiaiq | 100 | | | | | | |
| SIGNATURE | Stgnature, typed or printed name of registered agen | and tile if applicable (NOT | E Registered . | Ager | nt signature require | d when reinstating) | DATE | | | |
| 12, | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIR | ECTORS | IN 12 | |
| TITLE | DPS | ☐ DELETE | 1,1 1111 | E | | | | Change | Addition | |
| NAME | STARN, WESLEY B. | | | | | | | | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS | | | | | | |
| CPY-SI-ZP | | | | 1.4 CITY-ST-ZIP | | | | | | |
| 101:6 | · | | 2.1 1111 | 2.1 TITLE | | | | Change | Addition | |
| NAME. | STARN, RUTH B. | | 2.2 NAN | Æ | | | | | | |
| STREET ADDRESS | | | | LET | address | | | | | |
| City+ST-ZiP | HOBE SOUND FL | | 2. 4 C(T | Y-\$ | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITL | .E | | | | Change | Addition | |
| NAME | | | 3.2 NAA | AΕ | 1 | | | | | |
| STREET ADORESS | : 1 | | 3.3 STR | EET | ADDRESS | | | | | |

6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I do 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.

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-ST-ZIP

4.4 CITY-ST-ZIP

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

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CITY: \$1. Z-P

STREET ADORESS

STREET ADDRESS CITY-ST-ZIP

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501) 2867323

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Apr 10 1997 8:00am

Secretary of State

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