FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # L13979 (4)

1. Corporation Name
B & B GUN SHOP & INDOOR SHOOTING RANGE, INC.

Principal Place of Business	Mailing Address
%JAMES PAUL FIORANELLI 8635 NEW YORK AVE HUDSON FL 34667-3463	%JAMES PAUL FIORANELLI 8635 NEW YORK AVE HUDSON FL 34667-3463

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/05/1989
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2984325 ☐ 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

FIORANELLI, JAMES PAUL
8635 NEW YORK AVE
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: James P Fioranelli Pres — James Fioranelli Pres 4-28-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIORAWELLI, JAMES
STREET ADDRESS	8635 NEW YORK AVE.
CITY, ST, ZIP	HUDSON FL
TITLE	VP
NAME	FIORAWELLI, PAMELA
STREET ADDRESS	8635 NEW YORK AVE.
CITY, ST, ZIP	HUDSON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Change ☐ Addition — blank)

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(1)(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: James P Fioranelli Pres — James Fioranelli Pres 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
(813) 862-8179

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