PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95964

Country

9. Name and Address of Current Registered Agent

25

COMPORATION NAME

GUN-HO, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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29

2001 E. HILLSBOROUGH AVENUE TAMPA FL 33610

2. Principal Place of Business

FORD, DAVID

1522 W. ALICIA AVE.

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

2001 E. HILLSBOROUGH AVENUE TAMPA FL 33610

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90086 039 ***150.00



DO NOT	WRITE	IN THIS	SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

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

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

08/27/1990

59-3037214

4. FEI Number

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	IAM	PA FL 33604		83			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. I nereby accept me appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (905), Florida Slatutes. 12					,	FL	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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	14 Lhoroby	certify that the information supplied with this filling does	s not qualify for th	e exemn	ion stated in	Section 119.07(3)(i). Florida Statutes. I further certify that the in	formation

Country

Name

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4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6de0799

813-239-3233

Daytime Phone

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□No

CR2E034 (11)