FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 28 AM 7:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M91217** **(3)**

1. Corporation Name
DREW'S CUSTOM AMMO, INC.

Principal Place of Business	Mailing Address
47 GIBSON RD. APALACHICOLA FL 32320	47 GIBSON RD. APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1988
3a. Date of Last Report: 08/02/1994

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

4. FEI Number: 59-6001874 ☐ 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

DREW, JOHN D III
47 GIBSON RD.
APALACHICOLA FL 32320

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	DREW, JOHN D III	12 NAME		
STREET ADDRESS	47 GIBSON RD.	13 STREET ADDRESS		
CITY ST ZIP	APALACHICOLA FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	O'LEARY, MARK T	22 NAME	O'LEARY, MARK T	
STREET ADDRESS	11 SOCO TRAIL	23 STREET ADDRESS	508 N. YOUNG ST.	
CITY ST ZIP	ORMOND BEACH FL	24 CITY ST ZIP	ORMOND BEACH,FL.32174	
TITLE	ST	31 TITLE	S	☒ Change ☐ Addition
NAME	HURLEY, JACQUE	32 NAME	HURLEY,JACQUE	
STREET ADDRESS	11 SOCO TRAIL	33 STREET ADDRESS	508 N. YOUNG ST.	
CITY ST ZIP	ORMOND BEACH FL	34 CITY ST ZIP	ORMOND BEACH,FL.32174	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	PHILYAW,PARMER H.	
STREET ADDRESS		43 STREET ADDRESS	249 4th ST. G.A.	
CITY ST ZIP		44 CITY ST ZIP	APALACHICOLA,FL.32320	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: JOHN DREW III 26JULY 95 904-653-9366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400338 FP