


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47460 (3)**  
 1. Corporation Name  
**THE FLORIDA GUN COLLECTORS ASSOCIATION, INC.**

Principal Place of Business <b>600 THRD ST. S. SAFETY HARBOR FL 34695 US</b>	Mailing Address <b>BOX TEN SAFETY HARBOR FL 34695 US</b>
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3. Date incorporated or Qualified  
**02/20/1992**

4. FEI Number  
**23-7281236**

Applied For   
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MARQUETTE, RICHARD L.  
 RT 3, BOX 368  
 BRANFORD FL 32008**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHUBERT, JACK</b>		1.2 NAME	
STREET ADDRESS <b>2740 PRINE ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>SA</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOBERLEY, JAMES O</b>		2.2 NAME	
STREET ADDRESS <b>425-33 AVENUE NORTH</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARQUETTE, RICHARD L.</b>		3.2 NAME	
STREET ADDRESS <b>RT 3, BOX 368/NA</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRANFORD FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QUIBELL, BETTY</b>		4.2 NAME	
STREET ADDRESS <b>BOX TEN, 600 THRD ST. S.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SAFETY HARBOR FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIAMS, JAMES L</b>		5.2 NAME	
STREET ADDRESS <b>902 W. CANDLEWOOD AVE.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>PP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HICKOX, RON G</b>		6.2 NAME	
STREET ADDRESS <b>5602 GOLDFISH</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Quibell, Treas.* **2/7/98** **913-799-2570**

CR2E037 (10/97)

Florida Gun Collectors, Inc.

Px TEN

Safety Harbor FL 34695

N 47460 (3)

27 April 1998

Additional Directors

D

Ray Conway

4912 Ortega Blvd.

Jacksonville FL 32210

D SA

Ed Collum

580-A Indian Rocks Road N.

Belleair Bluffs, FL 33770

D

Sandy Silverman

7427 Lincoln St.

Hollywood FL 33024

D

Don Ball

1574 Penwood Circle N

Clearwater FL 34616

PP

Larry Welke

6707-11 Avenue North

St Petersburg FL 33710

PP

Ron Norman

1621 South Dr.

Sarasota FL 34239