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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000002575 (8)

1. Corporation Name

CIGAR CITY SHOOTERS, INC.

Principal Place of Business

Mailing Address

8205 62ND ST CT E1602
SARASOTA FL 34243

8205 62ND ST CT E1602
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1994

3a. Date of Last Report

4. FEI Number

65-0458706

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTER, JOHN H
8205 62ND ST CT E1602
SARASOTA FL 34243

81 Name

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

500001461005

83 -04720795--01033--009

84 City *****130.00 *****130.00

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	Randall L Guillory	☐	☒
1.3 STREET ADDRESS	P O Box 502	☐	☒
1.4 CITY - ST - ZIP	Odessa, FL 33556 N/A	☐	☒
2.1 TITLE	VP	☐	☒
2.2 NAME	Edward G Neely	☐	☒
2.3 STREET ADDRESS	2632 Sunny Side	☐	☒
2.4 CITY - ST - ZIP	Sarasota, FL 34239	☐	☒
3.1 TITLE	S	☐	☒
3.2 NAME	Mary Lenari	☐	☒
3.3 STREET ADDRESS	2027 Panama Dr.	☐	☒
3.4 CITY - ST - ZIP	Sarasota, FL 34234	☐	☒
4.1 TITLE	T D	☐	☒
4.2 NAME	John H Lester	☐	☒
4.3 STREET ADDRESS	8205 62nd St Ct E #1602	☐	☒
4.4 CITY - ST - ZIP	Sarasota, FL 34243	☐	☒
5.1 TITLE	C	☐	☒
5.2 NAME	Lou Martucci	☐	☒
5.3 STREET ADDRESS	P O Box 1381	☐	☒
5.4 CITY - ST - ZIP	Sorrento, FL 32776 N/A	☐	☒
6.1 TITLE	D	☐	☒
6.2 NAME	Dwain F Hudson	☐	☒
6.3 STREET ADDRESS	P O Box 424	☐	☒
6.4 CITY - ST - ZIP	LaCrosse, FL 32654 N/A	☐	☒

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 110.07(3)(k), 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 member or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/10/95

813-349-0202

Date

Telephone #

2

Cigar City Shooters, Inc. N94000002575
65-0458706

Line 13, additions to Officers and Directors

addition

D

Robert Lenari
2027 Panama Drive
Sarasota, FL 34234

addition

D

Walter Kauffman
909 West Florida Ave
Dade City, FL 33525