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FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002575 (8)

1. Corporation Name

CIGAR CITY SHOOTERS, INC.

Principal Place of Business

Mailing Address

13951 7TH STREET
SUITE 11
DADE CITY FL 33525PO BOX 942
DADE CITY FL 33526-0942

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

LESTER, JOHN H
8205 62ND ST CT E1602
SARASOTA FL 342433. Date Incorporated or Qualified
05/18/19943a. Date of Last Report
05/01/1996

4. FEI Number

65-0458706

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
Robert W. Owens82 Street Address (P.O. Box Number is Not Acceptable)
13951 7th Street Suite 11

83

84 City
Dade City

FL

85 Zip Code
33525

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

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

Robert W. Owens

3-3-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	SCWARTZ, BEN	
STREET ADDRESS	10732 DALTON AVE.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	CASE, ROBERT M., JR.	
STREET ADDRESS	36302 LARSON AVE.	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	VOGEL, DANIEL	
STREET ADDRESS	11411 LARKWOOD WAY	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	OWENS, ROBERT W.	
STREET ADDRESS	37411 HICKORY HILL LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MARTUCCI, LOU	
STREET ADDRESS	P.O. BOX 1381 N/A	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, DWAIN F	
STREET ADDRESS	P.O. BOX 424 N/A	
CITY-ST-ZIP	LACROSSE FL 32654	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth Hutchinson	
1.3 STREET ADDRESS	26030 Mondon Hill Rd	
1.4 CITY-ST-ZIP	Brooksville, FL 34601	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Lucas	
3.3 STREET ADDRESS	5100 Burchette Rd #306	
3.4 CITY-ST-ZIP	Tampa, FL 33647	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William Schnedler	
5.3 STREET ADDRESS	3394 Endsley Rd	
5.4 CITY-ST-ZIP	Brooksville, FL 34609	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Anthony Giorlando	
6.3 STREET ADDRESS	8406 Pavilion Dr	
6.4 CITY-ST-ZIP	Hudson, FL 34667	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Owens 3-3-97

352-567-3378

Date

Daytime Phone # 0045637

CR2E037 (9/96)