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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002575

1. Corporation Name

CIGAR CITY SHOOTERS, INC.

Principal Place of Business

13951 7TH STREET
SUITE 11
DADE CITY FL 33525

Mailing Address

PO BOX 942
DADE CITY FL 33526-0942



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

3. Date Incorporated or Qualified

05/18/1994

4. FEI Number

65-0458706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBERT W. OWENS
13951 7TH ST., STE 11
DADE CITY FL 33525

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

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 P/D ☒ DELETE

NAME KENNETH HUTCHINSON
STREET ADDRESS 26030 MONDON HILL RD.
CITY-ST-ZIP BROOKSVILLE FL

TITLE VP/D ☒ DELETE

NAME CASE, ROBERT M., JR.
STREET ADDRESS 36302 LARSON AVE.
CITY-ST-ZIP DADE CITY FL 33525

TITLE S/D ☒ DELETE

NAME DANIEL LUCAS
STREET ADDRESS 5100 BURCHETTE RD., #306
CITY-ST-ZIP TAMPA FL

TITLE T/D ☐ DELETE

NAME OWENS, ROBERT W.
STREET ADDRESS 37411 HICKORY HILL LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE CD ☐ DELETE

NAME WILLIAM SCHNEIDLER
STREET ADDRESS 3394 ENDSLEY RD.
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☐ DELETE

NAME ANTHONY GIORLANDO
STREET ADDRESS 8406 PAVILION DR.
CITY-ST-ZIP HUDSON FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME Dave Willis
1.3 STREET ADDRESS 1901 Douglas Ave.
1.4 CITY-ST-ZIP Clearwater, FL 34615

2.1 TITLE VP/D ☐ Change ☒ Addition

2.2 NAME Marty Druse
2.3 STREET ADDRESS 990 Sunset Dr
2.4 CITY-ST-ZIP Tarpon Springs, FL 34689

3.1 TITLE S/D ☐ Change ☒ Addition

3.2 NAME Sharon DeWitt
3.3 STREET ADDRESS 7722 Bougenville Dr.
3.4 CITY-ST-ZIP Port Richey, FL 34668

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Robert W. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Owens, Treasurer 3/8/99 352-567-3378

Date

Daytime Phone #

CR2E037 (11/98)