

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001806

1. Corporation Name

SAN ANTONIO SHOOTERS, Inc.

Principal Place of Business

Mailing Address

36724 W. Jefferson
Dade City, FL.
33525

Same

3. Date Incorporated or Qualified

3-31-95

3a. Date of Last Report

3-31-95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3310666

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

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

LYNN CAVALL
36724 WEST JEFFERSON
DADE CITY, FL 33525

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

Signature, typed or printed name of registered agent and the day/month/year

(NOTE: Registered Agent signature required when reinstating)

DATE

LYNN M. CAVALL

PRESIDENT

5-28-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
LYNN M. CAVALL
36724 W. Jefferson
Dade City, FL. 33525

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
DAM ABRHAM
103 EAST AMELIA AVE
DADE CITY, FL 33525

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
BARBARA KITSON
2740 BIRDLAND COURT
LANDOLAKES, FL 34639

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

DIRECTOR

ROBIN WALTERS

38700 TOWNSEND RD

DADE CITY, FL. 33525

MIKE REYNOLDS

DIRECTOR

1425 S. Homestead Pt

INVERNESS, FL 34450

DIRECTOR

DEAN HELT

195 N BLISS POINT

INVERNESS, FL 34453

900001851388

-06/05/96--01018--037

***225.00

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)(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 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:

Signature and typed or printed name of signing officer or director

5-28-96

Date

352-567-2000

Daytime Phone #

CR2E034 (12/95)

02/14/96