

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90124 008 ****61.25

DOCUMENT # N98000000286

1. Corporation Name

BIG-SUN SHOOTING COMPLEX, INC.

Principal Place of Business

47 S.W. 17TH STREET
OCALA FL 34471

Mailing Address

47 S.W. 17TH STREET
OCALA FL 34471



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/20/1998

4. FEL Number

59 350 8175

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BERK, CHARLES E
2603 S.E. 17TH STREET, STE. C
OCALA FL 34471

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 D ☐ DELETE
NAME MANSFIELD, BARRY
STREET ADDRESS 112 NE 12TH ST.
CITY-ST-ZIP Ocala FL 34470

TITLE D ☐ DELETE
NAME GAITANIS, TOM
STREET ADDRESS 20070 S.W. 77TH ST.
CITY-ST-ZIP DUNNELLON FL 34430

TITLE D ☐ DELETE
NAME SPINKS, MARVIN
STREET ADDRESS 7130 S.W. 93RD. ST. RD.
CITY-ST-ZIP Ocala FL 34476

TITLE D ☐ DELETE
NAME OTTO, WARREN
STREET ADDRESS 7380 NW 110TH ST
CITY-ST-ZIP REDDICK FL 32886

TITLE D ☐ DELETE
NAME MATHEWS, ROBERT A JR.
STREET ADDRESS 14888 S.W. 111TH ST.
CITY-ST-ZIP DUNNELLON FL 34432

TITLE D ☐ DELETE
NAME GONZALES, ROBERT
STREET ADDRESS 47 SW 17TH ST
CITY-ST-ZIP Ocala FL 34471

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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: Thomas A. Gaitanis 4/27/99 352 489 3341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)