Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90034 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DOO

Corporation	Name # P93000	020992						
LOG CA	BIN GUN SHOP, INC.							
						1 0 (5)06 (19)1 00 111 10 111 1 0 1111		
•								
Principal Place	e of Business	Mailing Address						
RT. 2. BOX 179		RT. 2. BOX 175			Ì	•		
FLAGHOLE ROA	=	FLAGHOLE ROAD CLEWISTON FL 33440				DO NOT WRITE IN	THIS SPACE	
CLEWISTON FL	. 33440	CLEMISTON PL 30440	•		3. Date Incorpora			
		•			03/19/1993			
2, Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21		26			65-040205	7 .	No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			-5. Certifcate of S	tatus Desired		Additional
22		27			0. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>	_	equired
City & State	e '	City & State			6. Election Camp			May Be
23		28	Country		Trust Fund Co			to Fees
Zip	Country	Zip	Country		8. This corporation Personal Prop	on owes the current yea	ar Intangible Yes	□No
24 ,	25 9. Name and Address of Current		<u> </u>			Idress of New Registe		
	g. Name and Address of Current	. Rugistered Agent	81 N	Name 🕆	\sim	11.11.	0	
	F, FRANK J III	•			<u>oe 111.</u>	11.1/1Q	<u>r ov</u>	
100 NORTH TAMPA ST.			82 8	Street Addre	ass (P.U.Sox Mundo	er is Not Acceptable)	•	1
	E 29 08		83	1-1	, , (5 1.		
TAM	PA FL 33602:5126			- L10	ratroje 1	Kood	85 Zip	Code
	/ /			City	wister			3440
	 _				 1			
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above n	amed corpo	oration submits this s	tatement for the purpos	se of changing its	registered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m/familiar with, and accept the obligati	2 and 607.1508, Florida Statutes of Florida. Such change was autions of, Section 607.0505, Florid	, the above n horized by the la Statutes.	emed corporation	oration submits this s n's board of director	tatement for the purposes. I hereby accept the a	se of changing its appointment as re	egistered
•	to the provisions of Sections 607.0502 egiptered agent or both, in the State o mfamiliar with, and accept the obligation	2 and 607.1508, Florida Statutes of Florida. Such change was autions of, Section 607.0505, Florida	the above n horized by the la Statutes.	amed corporation	oration submits this s n's board of director	tatement for the purpose. I hereby accept the a	se or changing its appointment as re	s registered egistered
11. Pursuant office or reagent. I as	Signature typed or printed name of registered agent	and title if applicable. (NOTE: R	e legislared Agent Si		when reinstating)	4-8	7 7 7 E	
SIGNATURE	Signature typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: NOTE: NOTE	13.		when reinstating)	tatement for the purpose. I hereby accept the a	S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signatury types of printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	13.		when reinstating)	4-8	7 7 7 E	
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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 eport 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 12 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

PEQUIRED NAME OF SIGNING OFFICER OR DIRECTOR