SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

95 JUL 28 AM 7:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 AM 7:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000025285 (6)**

1. Corporation Name
SHOOTERS RESEARCH TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
2623 GRAND BLVD. SUITE 209 HOLIDAY FL 34690	2623 GRAND BLVD. SUITE 209 HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3179995 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VIRKUS, ROBERT A
2623 GRAND BLVD.
SUITE 209
HOLIDAY FL 34690

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 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☒ Change ☐ Addition
NAME	~~PATRICK, WILLIAM T~~	12 NAME	Thomas Arcoraci
STREET ADDRESS	~~2623 GRAND BLVD., SUITE 209~~	13 STREET ADDRESS	4044 Newport Dr
CITY ST ZIP	~~HOLIDAY FL~~	14 CITY ST ZIP	New Port Richey FL 34652
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	~~PATRICK, WANITA S~~	22 NAME	Barbara Arcoraci
STREET ADDRESS	~~2623 GRAND BLVD., SUITE 209~~	23 STREET ADDRESS	4044 Newport Dr
CITY ST ZIP	~~HOLIDAY FL~~	24 CITY ST ZIP	New Port Richey FL 34652
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	VIRKUS, ROBERT A	32 NAME	
STREET ADDRESS	2623 GRAND BLVD., SUITE 209	33 STREET ADDRESS	
CITY ST ZIP	HOLIDAY FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	VIRKUS, SUSAN M	42 NAME	
STREET ADDRESS	2623 GRAND BLVD., SUITE 209	43 STREET ADDRESS	
CITY ST ZIP	HOLIDAY FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Virkus (SUSAN VIRKUS) 7-20-95 (813) 942-1652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0117303 CP