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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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1996

DOCUMENT # 1. Corporation Name

SIGNATURE:

P93000084599 (8)

GUN-HO #167, INC.

| rinc pat Place o | of Business | Mailing Address | | | ifitet finifit effet fieffe flette ifiten ifte iffer |
|--|--|--|---|--|---|
| | BOROUGH AVENUE | 6207 E. HILLSBOROU | IGH AVENUE | | |
| SUITE 104 | DURUUUH NYENUE | SUITE 104 | ION RECOUL | | |
| TAMPA FL 336 | 510 | TAMPA FL 33610 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| US | | US | | 12/10/1993 | 07/21/1995 |
| . Principal Pla | ge of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | | 26 | | 59-3216693 | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 1 | | 27 | | | Fee Required |
| City & State | | Crty & State | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
|] | Country | 28] Ζφ | Country | 8. This corporation has liability for in | · · |
| | 25 | 29 | 30 | Florida Statutes XX Yes | |
| | 9. Name and Address of Curre | | | 10. Name and Address of New Ro | egistered Agent |
| | | | 81 Name | | |
| FORD, D | avid a. | | 82 Street Add | iress (P.O. Box Number is Not Acceptable | le) |
| 1522 WE | ST ALICIA AVENUE | | | | |
| tampa f | L 33604 | | 83 | | |
| | | | 84 City | | B5 Zip Code |
| | | | | La State Control of the Control of t | FL 10 |
| or registere | ad agent, or both, in the State of Flor | rida. Such change was autho | rized by the corporation's boa | oration submits this statement for the purpard of directors. I hereby accept the appo | puse of changing its registered office pintment as registered agent. I am |
| familiar witi | n, and accept the obligations of, Sec | ction 607.0505, Florida Statut | es. | | |
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| IGNATURE | Charles and the most of proceedings of proceedings to have | ot and little of armille at in | NOTE Registered Agent storature recoun | ed when reinstating) | DATE |
| GNATURE _ | Sevial in integration period name of registration ages OFFICERS AN | or and life of applicable | NOTE Registered Agent signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFE | DATE ICERS AND DIRECTORS IN 12 |
| IGNATURE _ | | | | | |
| IGNATURE 2. | OFFICERS AN | ND DIRECTORS | 13. | | ICERS AND DIRECTORS IN 12 |
| GNATURE | OFFICERS AN | ND DIRECTORS | 13. 1.1 TITLE | | ICERS AND DIRECTORS IN 12 |
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Mark E. Long

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/1996

Date

813-628-0037

Daytime Phone #