FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092393 (5)

BIG RIDGE GUN SMITHS, INC.				1 18841861 118 18111 21811 8B(1) 88111 8B(1)	(0 5 (5:10 11480 :11)(0 (4(80))(1 4 0 6)
Principal Plac	e of Business	Mailing Address		L JEGNIADA HA CANN GANN ANN ANN ANN ANN ANN	LA LOLIA HADA BIYAN TAHAN ILIK ARAK
32801 U.S. HWY. 441 NORTH 32801 U.S. HWY. 441 NOR			ORTH		
LOT 68 LOT 68 OKEECHOBEE FL 34972 OKEECHOBEE FL 34972			DO NOT WRITE IN THIS SPACE		
OKEEO KOBE	E PL SHOPE	ONCEOHODEE PE 34312		3. Date Incorporated or Qualified	
				12/16/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		28		65-0546879	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	<u> </u>	City & State	 · · · · · · · · · · · · · · · · · · 	- Floring Company Company	Fee Required
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
	LLETTE, WILLIAM E		81 Name		
32801 U.S. HWY. 441 NORTH 62 Stree				ress (P.O. Box Number is Not Acceptable)	
LOT 68					
UK	EECHOBEE FL 34972				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statut	es, the above-named core		
office or r	egistered agent, or both, in the State	of Florida Such change was	authorized by the corporat	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	and decopy the sens	Janon 51, 555(15), 551 1555(17)	orida ordingo.		
SIGNATORE	Signature, typed or printed numbrial registered ag		E: Registered Agent eignature requi		NTE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	POT Gillette, William e	☐ DELETE	1.1 BYLE		Change Addition
NAME Street address	32801 U.S. HWY. 441 NORT	H LOT 68	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-2IP	OKEECHOBEE FL 34972	14 201 00	1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	GILLETTE, MARTHA D		2.2 NAME		
STREET ADDRESS	32801 U.S. HWY, 441 NORT	H, LOT 68	2.3 STREET ADDRESS	:	
CITY-ST-ZIP	OKEECHOBEE FL 34972		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELFTE	5.4 CITY-ST-ZIP		Change Addition
TITLE		ניין הנדנונ	6.1 TITLE 6.2 NAME		L Change L Agoston
NAME STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.3 STREET ALTURESS		
14. I hereby o	certify that the information supplied v	vith this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information
indicated officer or	on this annual report or supplement director of the corporation or the rec	at annual report is true and acc eiver or trusteanempowered to	curate and that my signatu execute this report as requ	re shall have the same legal effect as if mad ulred by Chapter 607, Florida Statutes; and t	le under oath; that I am an in that my name appears in
officer or director of the corporation or the receiver or trustogrampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or B					