SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # | P94000092393 |
|---------------------|---|
| 1. Corporation Name | 1 0 10000000000000000000000000000000000 |

BIG RIDGE GUN SMITHS, INC.

| OKEECHOBEE FL 34972 | - - | | | |
|---------------------|--|--|--|--|
| 2a. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | | |
| | LOT 68 OKEECHOBEE FL 34972 2a. Mailing Address 26 | | | |

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90005 045 ***400.00 08-10-1999 90005 046 ***150.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1994

4. FEI Number 65-0546879

| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional * | 7 | |
|--|--|--------------------------------|------------------|---|--|---|-------------|---------------|-----------|------------|
| 22 | | City & State | | | 6 Station Compaign Singuistics | | | May Be | _ | |
| City & State | ? | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | • | to Fees | | |
| Zip | Country | Zip | Сои | ntry | | 8. This corporation owes the curre | nt year _ | | L | ļ |
| 24 | 25 | 29 | 30 | |] | Intangible Personal Property. | L | Yes Y | No | ╛ |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | | 4 |
| | | | | 81 | Name · | | | | | |
| | LETTE, WILLIAM E | | | 92 | Charat Address (D.O. Bay Number is Not Assessable) | | | | | |
| | 01 U.S. HWY. 441 NORTH | | ~ | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| LOT | | | | 83 | | | _ | | | 7 |
| OKE | ECHOBEE FL 34972 | | | Ш | | · · · · · · · · · · · · · · · · · · · | | | | 4 |
| | | | | 84 | City | • | FL | 85 Zip | Code | |
| 44 - | to the provisions of sections 607.0502 | | - 'Ala - ala | بليا | | tion submits this statement for the su | | anging its re | enistered | ⊣ - |
| office or r | registered agent, or both, in the State c | of Florida. Such change was a | authorized | I DV I | the corporation | n's board of directors. I hereby accep | t the appoi | ntment as re | egistered | |
| agent. i a | m familiar with, and accept the obligat | tions of, section 607.0505, Fl | orida Stat | utes. | , | | | | | - |
| SIGNATURE | | | | ٠ | | | DATE | | | |
| | Signature, typed or printed name of registered agent | | | red Ag | ent signature require | ad when reinstating) ADDITIONS/CHANGES TO OF | | D DIRECT | DP IN 12 | - 8 |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OF | ICERS AN | | | ⊣ ა |
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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 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

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