

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000012323 (8)

1. Corporation Name

GREY GOOSE GUNSMITHING, INC.



Principal Place of Business

1547 VILLAGE GREEN DR.
PORT ST. LUCIE FL 34952

Mailing Address

1547 VILLAGE GREEN DR.
PORT ST. LUCIE FL 34952

2. Principal Place of Business

21 1532 Village Green Dr.

Suite, Apt. #, etc.

22 Suite B

City & State

23 Port St. Lucie, FL.

Zip

24 34952

Country

25 USA

2a. Mailing Address

26 1532 Village Green Dr.

Suite, Apt. #, etc.

27 Suite B

City & State

28 Port St. Lucie, FL.

Zip

29 34952

Country

30 USA

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

4. FEI Number

65-0557449

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

SCHLEETER, NORRIS D
1547 VILLAGE GREEN DR.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

SCHLEETER, NORRIS D

82 Street Address (P.O. Box Number is Not Acceptable)

211 So. Camino Street

83

84 City

Port St. Lucie

FL

85 Zip Code

34952

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

(Signature, typed or printed name of registered agent and client applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
SCHLEETER, NORRIS D
STREET ADDRESS 3500 SE MORNINGSIDE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME D
WOERFEL, JUDITH A
STREET ADDRESS 211 S. CAMINO ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

1.2 NAME

Schleeter, Norris D.

1.3 STREET ADDRESS

211 So Camino

1.4 CITY-ST-ZIP

Port St. Lucie, FL 34952

2.1 TITLE

V-S

2.2 NAME

woerfel, Judith A.

2.3 STREET ADDRESS

211 S. CAMINO ST.

2.4 CITY-ST-ZIP

Port St Lucie, FL. 34952

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 in an attachment with an address.

SIGNATURE:

Norris D. Schleeter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 407-398-0288
Date Daytime Phone #

CR2E034 (12/95)