

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90053 045 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999

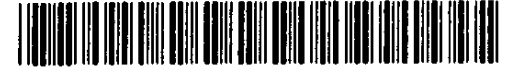


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022861

1. Corporation Name

HAVE GUN- WILL TRAVEL, INC.



Principal Place of Business

Mailing Address

5893 WESTBOURGH COURT
NAPLES FL 34112
US

5893 WESTBOURGH COURT
NAPLES FL 34112-8803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1187 3rd ST. South
Suite, Apt. #, etc.

26 P.O. Box 613
Suite, Apt. #, etc.

22 D
City & State

27
City & State

23 NAPLES

28 NAPLES

24 34102 Country
25 COLLIER

29 34106 Country
30 COLLIER

4. FEI Number

65-0570904

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 owes the current year Intangible
Personal Property Tax.

☐

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOOMEY, JAMES M
5893 WESTBOURGH COURT
NAPLES FL 34112

81 Name
MATHEWS, MCCLURE G.

82 Street Address (P.O. Box Number is Not Acceptable)
18181 ADAMS CIRCLE

83

84 City
FT MYERS

FL 85 Zip Code
33912

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

McClure G. Mathews

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME MCCLURE, MATHEWS G (Name inverted)
STREET ADDRESS 18181 ADAMS CIRCLE
CITY-ST-ZIP FORT MYERS FL 33912

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition

MATHEWS, MCCLURE G

TITLE T
NAME MERCURIO, JOSEPH W SR
STREET ADDRESS 2004 PINE ISLE LANE
CITY-ST-ZIP NAPLES FL 34112

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

T
MCENNINI, DAVID C
4436 131 ST AVE S.W.
NAPLES, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES M. TOOMEY - President
James M. Toomey

Date

Daytime Phone #

1-2-99 941-430-2055

CR2E034 (11/98)