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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000059003 (0)

1. Corporation Name  
CAMELOT DARTS, INC.



Principal Place of Business  
7017 HARBORVIEW DRIVE  
LEESBURG FL 34788

Mailing Address  
7017 HARBORVIEW DRIVE  
LEESBURG FL 34788-7531

3. Date Incorporated or Qualified  
07/28/1995

3a. Date of Last Report  
02/27/1996

4. FEI Number  
59-3334337

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

2. Principal Place of Business

2a. Mailing Address

21 325 NEVADA LOOP RD  
Suite, Apt #, etc.

26 325 NEVADA LOOP RD  
Suite, Apt #, etc.

22 City & State  
23 DAVENPORT FL

27 City & State  
28 DAVENPORT FL

24 Zip  
33837

29 Zip  
33837

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULLOCK, ALVIN  
7017 HARBORVIEW DRIVE  
LEESBURG FL 34788  
325 NEVADA LOOP RD  
DAVENPORT, FL 33837

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BULLOCK, JOANN  
STREET ADDRESS 7017 HARBORVIEW DRIVE  
CITY-ST-ZIP LEESBURG FL 34788

1.1 TITLE D  
1.2 NAME BULLOCK, JOANN  
1.3 STREET ADDRESS 325 NEVADA LOOP RD  
1.4 CITY-ST-ZIP DAVENPORT FL 33837

TITLE D  
NAME BULLOCK, ALVIN  
STREET ADDRESS 7017 HARBORVIEW DRIVE  
CITY-ST-ZIP LEESBURG FL 34788

2.1 TITLE D  
2.2 NAME BULLOCK, ALVIN  
2.3 STREET ADDRESS 325 NEVADA LOOP RD  
2.4 CITY-ST-ZIP DAVENPORT FL 33837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97-941-424-5765  
Date Daytime Phone #

CR2E034 (9/96)