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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000013177 (6) DOCUMENT #

MIKE'S OKEECHOBEE GUNS, INC.

Apr 29 1998 8:00am Secretary of State

FILED

|--|--|

Principal Place of Business Mailing Address						- 1 100/1044 110 10/10 10/10 10/10 10/10 00/10 00/10 00/10 10	800 MARI MARI MAR	{ 	
1416 HIGHWAY 70 STE E 1416 HIGHWAY 70 STE E									
OKEECHOBEE FL 34974 OKEECHOBEE FL 34974						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	SPACE		
						02/08/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	, Ar	plied For	
21 28						65-0710273	No.	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75		
22		27				5. Certificate of Status Desired	Fee Re		
City & Stat	te		City & State			6. Election Campaign Financing	\$5.00		
23 Zip	Country	28 Zip	Cou	intru		Trust Fund Contribution			
24	25	29	30	ii iti y		8. This corporation owes or has paid the current lear Intangible Personal Property Tax due June 30. Yes No			
24	9, Name and Address of Curre	ent Registered Agent	1301			10. Name and Address of New Registered			
0'	CONNOR, MICHAEL			B1	Name				
	16 HIGHWAY 70 STE E			62	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	KEECHÖBEE FL 34974			DZ	Stiest Voore	(F.O. Box Number is Not Acceptable)			
				83					
				84	City		85 Zip (Code	
					Oily	FI	_ 00		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the al	oove	named corporate	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it	s registered registered	
agent 1	an tanvillar with, and accept the opli-	gations of, Section 607.0505, Fi	lorida Stat	utes					
SIGNATURE	Michael 6.0	Connoc			nt signature require		LZ APK	- 70	
12.	Signature, typed or printed name of registered a OFFICERS AI	ND DIRECTORS	13.	a Ager	n aignature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12	
TITLE	PO	DELETE	1.1 TI	TLE	$\overline{}$		☐ Change	Addition	
NAME	O'CONNOR, MICHAEL		1.2 N	AME					
STREET ADDRESS	1416 HIGHWAY 70 STE E		1.3 \$1	REET	ADDRESS			Ì	
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CI	IY-SI	(-ZIP				
TITLE	VPD	☐ DELETE	2 1 TI	TLE			Change	Addition	
NAME	O'CONNER, BRENDA		2.2 N/	AME				ŀ	
STREET ADDRESS	1416 HIGHWAY 70 STE E		2.3 S1	REET	ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL	Driett			it - ZIP		Change	Addition	
TITLE	O'CONNOR, LUCINDA	☐ DELETE	3.1 11				FTI ∩IMING		
NAME PROFEE LEGGES	1418 HWY 70 E		3.2 N		ADDRESS			ļ	
STREET ADDRESS	OKEECHOBEE FL				ADDRESS IT-ZIP			ļ	
CITY-ST-ZIP TITLE	TD	☐ DELETE	41 TI		1-44		Change	Addition	
NAME	STONE, CANDACE	 · · ·-	4.2 N				-		
STREET ADDRESS	1416 HWY 70 E				ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL		4.4 CI	TY-ST	r-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE			☐ Change	☐ Addition	
NAME			5.2 NAME					ļ	
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY - ST - ZIP		T brite		TY-ST	[- ZIP		Chanca	Addition	
TITLE		☐ DELETE	6.1 71				Change	Addition	
NAME			6.2 N/		ADDOCCO.			j	
STREET ADDRESS	1		6.3 \$1	HE&T (ADDRESS			İ	
CITY - ST - ZIP				TY - \$1	340			r	

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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.

Michael C. O'Cowwal.

22 Apr. 98