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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000043844

RIGHT TO BEAR ARMS, INC.

	<u></u>
Principal Place of Business	Mailing Address
5401 MAIN STREET	827 SEMINOLE BLVD

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90026 028 \*\*\*150.00



Principal Place of Business Mailing Address  5401 MAIN STREET 827 SEMINOLE BLVD	()  <b>  </b>	
5401 MAIN STREET 827 SEMINOLE BLVD		
NEW PORT RICHEY FL 34652 TARPON SPRINGS FL 34689 US DO NOT WRITE IN TH	IIS SPACE	
3. Date Incorporated or Qualifed		
05/16/1996 2. Principal Place of Business 2a Mailing Address 4. FEI Number	T An-	oliad Ear
Z. Filliopai Face of Dusiness		plied For t Applicable
- 1	\$8.75 A	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	Fee Re	
City & State City & State 6. Election Campaign Financing 7 Trust Fund Contribution	\$5.00 - Added t	May Be
Zip Country Zip Country 8. This corporation owes the current year		□No
24 34689   25 US R   29   30   Personal Property Tax.  9. Name and Address of Current Registered Agent   10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent		
SAROUKAS, PANTELLIS M  82 Street Address (P.O. Box Number is Not Acceptable)	· <u></u>	
827 SEMINOLE BLVD		
TARPON SPRINGS FL 34689		į
84 City	. 85 Zip C	Code
F		
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
I 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 ap-	pointment as reg	gistered (
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 appagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	pointment as re	gistered
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	pointment as re	gistered
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 appliagent. 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	pointment as ret	
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 applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the applications of the corporation's board of directors. I hereby accept the application of the corporation's board of directors.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS	pointment as ret	
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 appliagent. 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  TITLE  D DELETE  1.1 TITLE	AND DIRECTO	RS IN 12
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 application 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)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  D  SAROUKAS, PANTELLIS M  1.1 TITLE  1.2 NAME	AND DIRECTO	RS IN 12
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 application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  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  TITLE  D  SAROUKAS, PANTELLIS M  12. NAME  STREET ADDRESS  827 SEMINOLE BLVD  13 STREET ADDRESS  13 STREET ADDRESS  13 STREET ADDRESS	AND DIRECTO	RS IN 12
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 application 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)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  D  SAROUKAS, PANTELLIS M  1.1 TITLE  1.2 NAME	AND DIRECTO	RS IN 12
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 application 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  ITILE  NAME  SAROUKAS, PANTELLIS M  SAROUKAS, PANTELLIS M  STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  14 CITY-ST-ZIP	AND DIRECTO	RS IN 12 Addition
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 application 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  ITILE  NAME  SAROUKAS, PANTELLIS M  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  RAMONA SAROUKOS  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  D  RAMONA SAROUKOS	AND DIRECTO	RS IN 12 Addition
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 applications of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application 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	AND DIRECTO	RS IN 12 Addition
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 applications of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  D  SAROUKAS, PANTELLIS M  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  CITY-ST-ZIP  TITLE  D  RAMONA SAROUKOS  STREET ADDRESS	AND DIRECTO	RS IN 12 Addition
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 application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  D  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  NAME  SAROUKAS, PANTELLIS M  STREET ADDRESS  SAROUKAS, PANTELLIS M  STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  TARPON SPRINGS FL 34689  1.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  CITY-ST-ZIP  TARPON SPRINGS FL 34689  2.4 CITY-ST-ZIP  TARPON SPRINGS FL 34689	AND DIRECTO Change	RS IN 12 Addition Addition
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 applications of 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.	AND DIRECTO Change	RS IN 12 Addition Addition
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 appearence of 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	AND DIRECTO Change Change	RS IN 12 Addition Addition
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 applicable 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 applicable are printed print	AND DIRECTO Change	RS IN 12 Addition Addition
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 appliagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  1.4 CITY-ST-ZIP  TARPON SPRINGS FL 34689  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  1.3 STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  2.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  AMME  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME	AND DIRECTO Change Change	RS IN 12 Addition Addition
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 applicable agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SAROUKAS, PANTELLIS M  1.1 TITLE  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  1.4 CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  2.1 TITLE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS	AND DIRECTO Change Change	RS IN 12 Addition Addition
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 applications of section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  D  SAROUKAS, PANTELLIS M  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  SAROUKAS, PANTELLIS M  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  SAROUKOS  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  TARPON SPRINGS FL 34689  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.2 NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  4.2 STREET ADDRESS  CITY-ST-ZIP	AND DIRECTO Change Change Change	R\$ IN 12  Addition  Addition
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 application and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applications of, Section 607,0505, Florida Statutes.  SIGNATURE   Signature in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applications of, Section 607,0505, Florida Statutes.  SIGNATURE   Signature in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applications of, Section 607,0505, Florida Statutes.    Signature in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applications of, Section 607,0505, Florida Statutes.    Signature in the corporation's board of directors. I hereby accept the applications of, Section 607,0505, Florida Statutes.   Signature required when reinstating)   DATE   DELETE   1 IIILE	AND DIRECTO Change Change	RS IN 12 Addition Addition
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 application and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  D SAROUKAS, PANTELLIS M  STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  TITLE  D DELETE  21 TITLE  D CLETE  21 TITLE  D CLETE  21 TITLE  D CLETE  21 TITLE  D CLETE  31 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D CLETE  31 TITLE  AMME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  D CLETE  41 TITLE  ANAME  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  D CLETE  51 TITLE  NAME  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  D CLETE  51 TITLE  D CLETE  CLETE  CLETE  D CLET	AND DIRECTO Change Change Change	R\$ IN 12  Addition  Addition
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 applicable agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes    Signature   S	AND DIRECTO Change Change Change	R\$ IN 12  Addition  Addition
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 application of the composition of	AND DIRECTO Change Change Change	R\$ IN 12 Addition Addition Addition Addition
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 applicable agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes    Signature   S	AND DIRECTO Change Change Change	R\$ IN 12  Addition  Addition

CITY-ST-ZIP 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 off an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS