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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000097817 (6)

REGAL GOLD & GUN, INC.

Principal Place of Business

Mailing Address

TITLE

NAME

STREET ADDRESS

FILED May 01 1998 8:00am Secretary of State

Change

Addition

VENICE FL 3	MIVE AVENUE	VENICE FL 34292	UC				
l temoc re s	4£ 0£	ACIMOC LE DASSE				DO NOT WRITE IN THIS SPACE	
•						3. Date Incorporated or Qualified	
ŀ						01/01/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	pplied For
21 712 E. Venice Ave. 26 7/2 E. Venice Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>	10,	660723863 N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional
22		27				Fee R	Required
City & State		City & State	de				May Be
23 VER	nee Fla	28 Venice	MA		············	Trust Fund Contribution	to Fees
Zip	Country	Zip	Coun			8. This corporation owes or has paid the current year Ir	
24 342	1 4 20 0 3 11	29 34292	30 (_	SA		No
	9. Name and Address of Current	Hegistered Agent		31T	Name	10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED				"	Mame		
343 ALMERIA AVENUE				32	Street Addre	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134				33			
				73			
			Ta la	34	City	85 Zip	Code
<u></u>						FL 181 21	
11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statut f Florida. Such change was ions of, Section 607.0505, Fl	es, the abo authorized orida Statu	ove by tes	 -named corporation 	oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment as	its registered s registered
SIGNATURE							
	Signature typed or printed name of registered agent			Ager	nt signature required		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PD	☐ DELETE		1.1 TITLE		☐ Change	Addition
NAME	BALSINGER, ESTIL E		1.2 NAN				
STREET ADDRESS	712 EAST VENICE AVENUE		1.3 STR	EET .	ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		1.4 C(T)		- ZIP		
TITLE	VO.	DELETE	2.1 TITE			☐ Change	Addition
NAME	NODLER, GARY R		2.2 NAN		1		
STREET ADDRESS	712 EAST VENICE AVENUE		2.3 STR	EET /	ADDRESS	4 · · ·	
CITY-ST-ZIP	VENICE FL 34292		2. 4 CIT		T-ZIP		-
TITLE	SD HIDDIAN HIDVA	☐ DELETE	3.1 TtTL			Change	Addition
NAME	MROZ-NODLER, JUDY A		3.2 NAN				
STREET ADDRESS	712 EAST VENICE AVENUE				ADDRESS		
CITY-ST-ZIP	VENICE FL 34292	F-1 22: 25:		3.4. CITY - ST - ZIP			T 1 2 2 10 2
TITLE	TD	DELETE	4.1 TITL		1	Change	Addition
NAME	BALSINGER, SUSAN S		4. 2 NAI		1		
STREET ADDRESS	712 EAST VENICE AVENUE		4.3 STR	EET A	ADDRESS		
CITY-ST-ZIP	VENICE FL 34292	\	4.4 CITY		1-2IP		
TITLE		☐ DELETE	5.1 TITL	ŧ		Change	Addition
NAME			5.2 NAN	AE.			
STREET ADDRESS			53 STR	EET 1	ADDRESS		
CITY-ST-ZIP			5.4 CITY	'-ST	1- 2 1P		

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 altachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE