

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90217 049 ***150.00

DOCUMENT # P97000022555

1. Corporation Name

RJB CUSTOM GUNS & ACCESSORIES, INCORPORATED

Principal Place of Business

2775 MAYPORT ROAD #8
JACKSONVILLE FL 32233

Mailing Address

2775 MAYPORT ROAD #8
JACKSONVILLE FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

APPLIED FOR 59-3547062

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BRADLEY, ROBERT J
370 4TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name BRADLEY, ROBERT J

82 Street Address (P.O. Box Number is Not Acceptable) 2775 MAYPORT ROAD #8

83

84 City JACKSONVILLE

FL

85 Zip Code 32233

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

ROBERT J BRADLEY, PRES

ROBERT J BRADLEY, PRES

4/10/99

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 P
NAME ROBERT J BRADLEY
STREET ADDRESS 370 4TH AVE S
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ROBERT J BRADLEY
1.3 STREET ADDRESS 2775 MAYPORT RD #8
1.4 CITY-ST-ZIP JACKSONVILLE, FLA 32233

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT J BRADLEY

Date

Daytime Phone #

4/12/99 904 242 0400

CR2E034 (11/98)