

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 # P97000058876

1. Corporation Name
BIG SHOT DISTRIBUTORS, INC.

Principal Place of Business
1583 S BELCHER RD
SUITE B
CLEARWATER FL 33764
US

Mailing Address
1583 S BELCHER RD
SUITE B
CLEARWATER FL 33764
US

2. Principal Place of Business
21 1455 Gulf To Bay
Suite, Apt. #, etc.

2a. Mailing Address
26 1455 Gulf To Bay
Suite, Apt. #, etc.

22 City & State
23 Clearwater, FL 33755
Country
24 Zip
25 USA

27 City & State
28 Clearwater, FL
Country
29 Zip
30 USA

9. Name and Address of Current Registered Agent

JUHL, KARL
1436 AMBASSADOR DRIVE
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/03/1997
4. FEI Number
59-3455171

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

10. Name and Address of New Registered Agent

81 Name Karl Juhl
82 Street Address (P.O. Box Number is Not Acceptable)
108 Harbor Island
83
84 City Clearwater Beach FL 85 Zip Code 33767

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 Karl Juhl
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME JUHL, KARL
STREET ADDRESS 1436 AMBASSADOR DRIVE
CITY-ST-ZIP CLEARWATER FL 34624

TITLE STD
NAME KRONEN, JAMES
STREET ADDRESS 1436 AMBASSADOR DRIVE
CITY-ST-ZIP CLEARWATER FL 34624

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-14-1999 90140 043 ***150.00