

## DOCUMENT # P97000108910

1. Entity Name

SHOT SAVERS INCORPORATED

Principal Place of Business

315 1/2 W COLONIAL DR  
#1  
ORLANDO FL 32801

Mailing Address

P O BOX 560576  
ORLANDO FL 32856-0576

2. Principal Place of Business

113 E. MAIN ST.

3. Mailing Address

113 E MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

TAVARES, FL

City &amp; State

TAVARES, FL

Zip

ZIP 32778

Country

US

Zip

32778

Country

US

4. FEI Number

59-3483993

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAMMEL, RICHARD

318 1/2 W COLONIAL DR APT 1  
ORLANDO FL 32801-1103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	MCKINNEY, JEFF	816 NEW YORK AVE	ST CLOUD FL 34769	<input checked="" type="checkbox"/> Delete			
	President	Richard Trammel	113 E. MAIN ST. TAVARES, FL 32778	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00

352-253-4868

FILED

00 FEB 28 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE 00009175

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)