

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90003 035 ***150.00

DOCUMENT # **P98000033928**

1. Corporation Name

BULLSEYE PAINTBALL SUPPLY OF VERO BEACH, INC.

603150 - 90013 - 43



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

650828571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURANTE, SUSAN
2029 N.E. GINGER TERRACE
JENSEN BEACH FL 34957

81 Name **DURANTE, SUSAN**

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

10546 So. US1

83

84 City **PT ST. LUCIE**

FL

85 Zip Code **34952**

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 *James N Olson President*
Signature, typed or printed name of registered agent and title if applicable.

James N Olson President
(NOTE: Registered Agent signature required when reinstating)

7-30-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DURANTE, SUSAN**
STREET ADDRESS **2029 GINGER TERRACE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **CHARLES CHANDLER**
1.3 STREET ADDRESS **1720 SW BRADWAY LN.**
1.4 CITY-ST-ZIP **PT ST. LUCIE FL 34983**

TITLE **D** ☒ DELETE
NAME **ROMANO, BRUCE J**
STREET ADDRESS **525 N.W. BISCAYNE DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☐ DELETE
NAME **OLSON, JAMES N**
STREET ADDRESS **1686 S.E. SENECA LANE**
CITY-ST-ZIP **STUART FL 34994**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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.

SIGNATURE: *James N Olson President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
7-30-99 561-337-0260
Date Daytime Phone #

CR2E034 (5/99)