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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90269 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000053085

1. Corporation Name
BULLSEYE VENTURES, INC.



Principal Place of Business
 C/O RICHARD W. WINESETT, ESO
 2248 FIRST STREET
 FORT MYERS FL 33901

Mailing Address
 C/O RICHARD W. WINESETT, ESO
 2248 FIRST STREET
 FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

59-3517030

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 16440 S. Tamiami Tr.
 Suite, Apt. #, etc.

26 16440 S. Tamiami Tr.
 Suite, Apt. #, etc.

22 11, 12, 13, 14

27 # 13

23 Ft Myers, FL

28 Ft Myers FL

24 33908 25 USA

29 33908 30 USA

9. Name and Address of Current Registered Agent

WINESETT, RICHARD W
 2248 FIRST STREET
 FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name John D. Barton

82 Street Address (P.O. Box Number is Not Acceptable)
 16440-13 S. Tamiami Trar

83

84 City Ft. Myers

85 Zip Code FL 33908

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

John D. Barton

John D. Barton

4/16/99

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 D ☐ DELETE
 NAME BARTON, JOHN D
 STREET ADDRESS 16 SPORTSMAN LANE
 CITY-ST-ZIP ROTUNDA WEST FL 33947

TITLE D ☐ DELETE
 NAME BARTON, CHRISTINE
 STREET ADDRESS 16 SPORTSMAN LANE
 CITY-ST-ZIP ROTUNDA WEST FL 33947

TITLE D ☐ DELETE
 NAME DISANTI, JOSEPH JOHN
 STREET ADDRESS 70 RIVER AVE
 CITY-ST-ZIP ISLAND HEIGHTS NJ 08732

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Treasurer ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS 15 Sportsman Lane
 1.4 CITY-ST-ZIP

2.1 TITLE Vice President, Secretary ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS 15 Sportsman Lane
 2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS 54 River Ave
 3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
 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:

John D. Barton

John D. Barton

4/16/99

(941) 437-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)