

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S08548** (7)

1. Corporation Name
JIM'S GUNS AND AMMO, INCORPORATED



Principal Place of Business
**13333 OVERSEAS HWY
WHALER'S PLAZA
MARATHON FL 33050**

Mailing Address
**13333 OVERSEAS HWY
WHALER'S PLAZA
MARATHON FL 33050**

3. Date Incorporated or Qualified **10/23/1990** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business
21 **2279 OVERSEAS**
Suite, Apt. #, etc. **HIGHWAY**
22
City & State **MARATHON, FL**
23
Zip **33050** Country **MONROE**
24
25
2a. Mailing Address
26 **2279 OVERSEAS**
Suite, Apt. #, etc. **HIGHWAY**
27
City & State **MARATHON**
28
Zip **33050** Country **MONROE**
29
30

4. FEI Number **65-0242350** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**DOHERTY, JAMES N.
13333 OVERSEAS HWY
WHALER'S PLAZA
MARATHON FL 33050**

81 Name **DOHERTY, JAMES N.**
82 Street Address (P.O. Box Number is Not Acceptable) **2279 OVERSEAS HWY**
83
84 City **MARATHON** FL 85 Zip Code **33050**

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 _____ (NOTE: Registered Agent sign this report if who is resigning) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	DOHERTY, JAMES N	
STREET ADDRESS	13333 OVERSEAS HWY	
CITY - ST - ZIP	MARATHON FL	
TITLE	ST	<input type="checkbox"/>
NAME	DOHERTY, JAMES N	
STREET ADDRESS	13333 OVERSEAS HWY	
CITY - ST - ZIP	MARATHON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	2279 OVERSEAS HWY		
1.3 STREET ADDRESS	MARATHON, FL 33050		
1.4 CITY - ST - ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2279 OVERSEAS HWY		
2.2 NAME	MARATHON, FL 33050		
2.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. Doherty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 (305) 743-8542
DATE TIME PHONE #

CR2E034 (12/95)