

FILED
Aug 01, 2000 8:00 am
Secretary of State

01-21-2000 90113 011 ***150.00

DOCUMENT # S08548

1. Entity Name

JIM'S GUNS AND AMMO, INCORPORATED

Principal Place of Business

2279 OVER SEAS HIGHWAY
MARATHON FL 33050
US

Mailing Address

2279 OVERSEAS HWY
MARATHON FL 88354-0593
US

2. Principal Place of Business

4 WILD ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 593

Suite, Apt. #, etc.

City & State

WEED NEW MEXICO

Zip

88354

Country

US

City & State

WEED NEW MEXICO

Zip

88354

Country

US

4. FEI Number

65-0242350

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOHERTY, JAMES N
2279 OVERSEAS HWY
MARATHON FL 33050DOHERTY JAMES N
109 AVE. D, APT #303
MARATHON, FL
33050
NO MAIL

7. Name and Address of New Registered Agent

Name DOHERTY JAMES N

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

~~2279 OVERSEAS HWY~~~~2279 OVERSEAS HWY~~City ~~Marathon~~ FL Zip Code ~~33050~~

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

James N. Doherty

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

(NOTE: Registered Agent signature required when reinstating)

1/13/00

DATE

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, JAMES N.	
STREET ADDRESS	2279 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, JAMES N	
STREET ADDRESS	2279 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, JAMES N	
STREET ADDRESS	P.O. Box 510042	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, JAMES N	
STREET ADDRESS	P.O. Box 510042	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

James N. Doherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

505-687-3430

Daytime Phone #

CR2034 (9/99)