

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:44

DOCUMENT # **363136** (3)

1. Corporation Name

BAY ROD AND GUN INC.

Principal Place of Business

**8601 N PENSACOLA BLVD
PENSACOLA FL 32514**

Mailing Address

**8944 PENSACOLA BLVD
#61
PENSACOLA FL 32514**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3215708

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suits, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIEKARZ VAN HORN, PATRICIA
8601 N PENSACOLA BLVD
PENSACOLA FL 32507**

61 Name

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

63

64 City

FL

65 Zip Code

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

Signature (Typed or printed name of registered agent and title 4 acceptable)

(NOTE: Registered Agent signature required when 10025-0004)

DATE

12. OFFICERS AND DIRECTORS

PD
PIEKARZ VAN HORN, PATRICIA
8601 N PENSACOLA BLVD
PENSACOLA FL 32514

SD
SAHAGIAN, HERMAN D.
8601 N PENSACOLA BLVD
PENSACOLA FL 32514

VD
VANHORN, W. KIRK
8601 N PENSACOLA BLVD
PENSACOLA FL 32514

13
NAME
STREET ADDRESS
CITY ST ZIP

14
NAME
STREET ADDRESS
CITY ST ZIP

15
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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 110.07(3)(b), 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, even an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

PATRICIA PIEKARZ

DATE

(Typed Name)