## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

(1)

**FILED** Mar 27 1998 8:00am Secretary of State

TORRE	Y GUNS	& AMMO, IN	IC.						
Principal Place of Business Mailing Address								HIJI IBII	
12597 SW HWY 17 12597 SW HWY 17									
ARCADIA FL 33821 ARCADIA FL 33821							DO NOT WRITE IN THIS SPACE		
us us							3. Date Incorporated or Qualified		
							07/05/1991		
2. Principal F	Place of Busi	ness	2a. 1	2a. Mailing Address				lied For	
21			26	26			65-0275042 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Ac		
22			27				Fee Req		
City & State			— — — — — — — — — — — — — — — — — — —	City & State			6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to		
Zip	Zip Country			Zip Country		rv	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible		
24		25	29		30	,	Personal Property Tax due June 30. Yes		
[57]	9. Name		Current Registe	red Agent	100	<del> </del>	10. Name and Address of New Registered Agent	,,,,	
KOSS, RUSSELL S. B1 Name									
245 N. TAMIAMI TRAIL						2 Street Ad-	fress (P.O. Box Number is Not Acceptable)		
SUITE A					Ľ	o block Ad			
VENICE FL 34285					8	3			
					8	4 City	<b>■. 85</b> Zip Co	nde .	
						'	FL   T   '	- 1	
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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
12.	Signature, typed	<u>-</u>	Stered agent and title if a RS AND DIRECT		OTE: Registered A	gent signature req	ired when rehalating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	Б	011100	ING AND DIRECT	DELETE	1.1 TiTus		Change	Addition	
NAME		, MARILYN B.			1.2 NAM		4.1		
STREET ADDRESS		W HWY 17				ET ADDRESS			
CITY-ST-ZIP	ARCADI	A FL			1.4 CITY	-ST-ZIP			
TITLE	D			DELETE	2.1 TITLE		Change	Addition	
NAME	HARDE	E, EDWARD L.			2.2 NAM	E		}	
STREET ADDRESS		V CR769			2.3 STRE	ET ADDRESS	<i>,</i> •		
CITY-ST-ZIP	ARCADI	A FL			2. 4 CITY	-ST-ZIP			
TITLE				☐ DELET <b>E</b>	3.1 TATLE		☐ Change	Addition	
NAME					3.2 NAMI				
STREET ADDRESS					3.3 STRE	et address		ļ	
CITY-ST-ZIP				Nei ree	3.4 CITY		······································		
TITLE				DELETE	4.1 TITLE		Change	Addition	
NAME					4. 2 NAM	1			
STREET ADDRESS						ET ADDRESS		, [	
CITY-ST-ZIP TITLE		·		DELETE	4.4 CITY - 5.1 TITLE		Change	Addition	
NAME :				_ OLLCIL	5.7 TITLE 5.2 NAMI		L Cikinge	Addition	
STREET ADDRESS					l l	ET ADDRESS			
CITY-ST-ZIP					5.4 CITY				
TITLE				☐ DELETÉ	61 TITLE		Change	Addition	
NAME					6.2 NAME		- Change		
STREET ADDRESS						et address			
CITY-ST-ZIP					6.4 CITY			İ	
	certify that the	n information cur	plied with this filin	a doos not avality			Section 110 07/3Vi) Florida Statutos, I further cardify that the in	(5	

I hereby certify that the information supplied with this filling 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.

3/24/60