FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42294** **(1)**

1. Corporation Name
ON TARGET GUNS, INC.

Principal Place of Business
12645 U.S. HWY 19
HUDSON FL 34667

Mailing Address
12645 U.S. HWY 19
HUDSON FL 34667
Home

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 6123 Ridge Rd.
Suite, Apt. #, etc.
22
City & State
23 Port Richey FLA.
24 34668 25 Pasco

2a. Mailing Address
26 P.O. Box 968
Suite, Apt. #, etc.
27
City & State
28 Port Richey FLA.
29 34673 30 ~~FLA.~~ Pasco

4. FEI Number: 59-3135292 — 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 authority to engage in business under s. 607.0505, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ROBLES, RAFAEL A.
15588 AVIATION LOOP DR.
SUITE 8
SPRING HILL FL 34609

10. Name and Address of New Registered Agent
81 Name: CHARLOTTE NAPLES
82 Street Address (P.O. Box Number is Not Acceptable): 6123 Ridge Rd.
83
84 City: Port Richey FL 85 Zip Code: 34668

11. Pursuant to the provisions of Section 607.0505 and/or 608.415, 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. The 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 my position as registered agent, Florida Statutes.

SIGNATURE: Charlotte Naples 2-7-95
(Signature of a officer or director of the registered agent)

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
PTS	NAPLES, CHARLOTTE	10004 OLD ORCHARD LANE	PORT RICHEY FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☐ Addition

14. I 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)(n), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall serve as satisfaction of any and all requirements of an officer or director of the corporation that may exist or hereafter imposed in connection with this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an attached list with an address.

SIGNATURE: Charlotte Naples 2-7-95 813-849-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0364741 CP