## **FILED** FILE NOW: FILING FEE AFTER MAY 1 IS \$55 May 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of State Secretary of Sta DIVISION OF CORPOR 1997 IONS DOCUMENT # V42294 (1)ON TARGET GUNS, INC. Principal Place of Business Mailing Address 6123 RIDGE RD. R123 RIDGE RD PORT RICHEY FL 34668-6766 PORT RICHEY FL 34668 3. Date Incorporated or Qualified 3a. Date of Last Report 06/05/1992 08/05/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 26 59-3135292 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing 28 \$5.00 May Be Trust Fund Contribution Added to Fees Country Zip Cou try This corporation has liability for intangible tax under s. 199.032, 30 25 29 Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent NAPLES, CHARLOTTE Name 6123 RIDGE RD Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 Zip Code 85 ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat

22

23

24

SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE Registers (gent signature required when re-natating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PTS TIBLE 1.110 Change Addition NAPLES, CHARLOTTE NAME 10004 OLD ORCHARD LANE STREET ADDRESS ET ADDRESS PORT RICHEY FL CITY - \$1 - ZIP - ST - ZIP DELETE 2.1 T TILLE Change Addition NAME 221 235 STREET ADDRESS ET ADORESS CITY-ST-7# · ST-ZIP TALE DELETE 317 Change ☐ Addition NAME 32 N STREET ADDRESS 335 ET ADDRESS CITY-ST-ZIF - ST-ZIP DELETE TITLE Change Addition STREET ADDRESS 4.3 S EET ADORESS City-St ST-7# TITLE DELETE Change Addition NAME 52 N STREET ADDRESS ET ADDRESS CITY-S1-ZIF \$1 - ZIP THILE DELETE 6.1 7 Change Addition NAM: 6.2 N STREET ADDRESS 635 T ADDRESS

ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and larm an officer or director of the corporation or the receiver or trustee empowered to a appears in Block 12 or Block 13 if changed or on an attachment with an address

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the purate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: \_\_

(96/6)