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: $376)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 PM 0:15

DOCUMENT # **V55686** **(2)**

1. Corporation Name

SURE SHOT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
405 COGSHALL ST HOLLY MI 48442 US	405 COGSHALL ST HOLLY MI 48442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0352254 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHULTZ, GREGORY G
17755 U.S. HIGHWAY 19 N.
SUITE 350-A
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	11 TITLE	D	☒ Change ☐ Addition
NAME	SCHULTZ, GREGORY G	12 NAME		
STREET ADDRESS	17755 U.S. HIGHWAY 19 N., SUITE 350-A	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	34624	
TITLE	DP	21 TITLE	D	☒ Change ☒ Addition
NAME	FELDMAN, LOUIS	22 NAME	Brendan Suhr	
STREET ADDRESS	4990 NORTHWEST 101 ST AVE	23 STREET ADDRESS	405 Cogshall St.	
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	Holly, MI 48442	
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	COPPO, MARTIN	32 NAME		
STREET ADDRESS	405 COGSHALL	33 STREET ADDRESS		
CITY-ST-ZIP	ST. HOLLY MI	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE	D, P	☒ Change ☐ Addition
NAME	BACHMANN, HAROLD	42 NAME		
STREET ADDRESS	405 COGSHALL	43 STREET ADDRESS		
CITY-ST-ZIP	ST. HOLLY MI	44 CITY-ST-ZIP	48442	
TITLE	T	51 TITLE	T, S	☒ Change ☐ Addition
NAME	SLEVA, MICHAEL J.	52 NAME		
STREET ADDRESS	405 COGSHALL ST	53 STREET ADDRESS		
CITY-ST-ZIP	ST. HOLLY MI	54 CITY-ST-ZIP	48442	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	J. Matthew Thomas	
STREET ADDRESS		63 STREET ADDRESS	405 Cogshall St.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Holly, MI 48442	

CR2E034 (3/95)

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 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.

SIGNATURE: Michael J. Sleva 6/12/95 810-634-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010/1051 FN