

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 SEP 24 PM 6:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # V55686

(2) amended

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

3. Date Incorporated or Qualified

08/06/1992

3a. Date of Last Report

06/21/1995

4. FEI Number

65-0352254

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

25

29

30

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULTZ, GREGORY G	
STREET ADDRESS	17755 U.S. HIGHWAY 19 N., SUITE 350-A	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUHRM, BRENDAN	
STREET ADDRESS	405 COGSHALL ST	
CITY - ST - ZIP	HOLLY MI	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COPPO, MARTIN	
STREET ADDRESS	405 COGSHALL	
CITY - ST - ZIP	ST. HOLLY MI	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BACHMANN, HAROLD	
STREET ADDRESS	405 COGSHALL	
CITY - ST - ZIP	ST. HOLLY MI	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SLEVA, MICHAEL J.	
STREET ADDRESS	405 COGSHALL ST	
CITY - ST - ZIP	ST. HOLLY MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, J MATTHEW	
STREET ADDRESS	405 COGSHALL ST	
CITY - ST - ZIP	HOLLY MI	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS, JOHN M.	
1.3 STREET ADDRESS	405 COGSHALL ST.	
1.4 CITY - ST - ZIP	HOLLY, MI 48442	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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\*\*\*\*225.00 \*\*\*\*225.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Sleva

9/18/96

810-634-6621

Daytime Phone #

CR2F034 (12/95)