

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

4-10-95 6-3048 C

CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 APR 14 PM 3:40

DOCUMENT # P93000033847 (3)

1. Corporation Name SHOOTER AQUATICS, INCORPORATED

Principal Place of Business 4 INDEPENDENCE AVENUE BIG PINE KEY FL 33043

Mailing Address 22300 TACKETTS MILL DR WOODBRIDGE VA 22192 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/07/1993 3a. Date of Last Report 04/05/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0418703

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. 199.002, Florida Statutes

Yes No

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 22039

30

usa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGEEHEE, WILLIAM 4 INDEPENDENCE AVENUE BIG PINE KEY FL 33043

01 Name Russel J. Post

02 Street Address (P.O. Box Number is Not Acceptable)

03 A-13 Breezy Pine Trailer Park

04 City Big Pine Key

FL

05 Zip Code 33043

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

Russel J Post

Russel J Post

4/10/95

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

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D NAME SINTON, ROBERT S STREET ADDRESS 43622 BLACKSMITH SQUARE CITY-ST-ZIP ASHBURN VA 22011

11 TITLE Change Addition 12 NAME 13 STREET ADDRESS 5877 Jacksons Oak Ct. Burke, Va 22015 14 CITY-ST-ZIP

TITLE D NAME NILAND, SUSAN B STREET ADDRESS 43622 BLACKSMITH SQUARE CITY-ST-ZIP ASHBURN VA 22011

21 TITLE Change Addition 22 NAME 23 STREET ADDRESS Delete - No longer Corporate officer. 24 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

31 TITLE Change Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

41 TITLE Change Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

51 TITLE Change Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

61 TITLE Change Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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:

Robert S. Sinton - President

Robert S. Sinton

4/10/95 (703) 239-1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type in Block 9)