

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

DOCUMENT # **689954** (6)

1. Corporation Name
ARMY-NAVY SURPLUS STORE, INC.



Principal Place of Business: **76 BEAL PARKWAY NW FORT WALTON BEACH, F 32548**
Mailing Address: **76 BEAL PARKWAY NW FORT WALTON BEACH, F 32548**

3. Date Incorporated or Qualified: **10/01/1980**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2057793**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **TOWNS, W, S, JR 20 N SUNSET BLVD 76 BEAL PKWY NW FT WALTON BEACH, FL GULF BREEZE FL 32561**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE: D | TOWNS, W S III 616 MAYAN PLACE KISSIMEE FL | 1.1 TITLE: | |
| NAME: | | 1.2 NAME: | |
| STREET ADDRESS: | | 1.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 1.4 CITY-ST-ZIP: | |
| TITLE: VD | TOWNS, DORIS E 76 BEAL PKWY NW FT WALTON BEACH, FL00000 | 2.1 TITLE: | |
| NAME: | | 2.2 NAME: | |
| STREET ADDRESS: | | 2.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 2.4 CITY-ST-ZIP: | |
| TITLE: PD | WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL | 3.1 TITLE: | |
| NAME: | | 3.2 NAME: | |
| STREET ADDRESS: | | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 3.4 CITY-ST-ZIP: | |
| TITLE: TDS | TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 | 4.1 TITLE: | |
| NAME: | | 4.2 NAME: | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP: | |
| TITLE: D | WALKER, EDWARD J 209 HARRAND CREEK DR ENTERPRISE AL | 5.1 TITLE: | |
| NAME: | | 5.2 NAME: | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP: | |
| TITLE: PD | WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE FL | 6.1 TITLE: | |
| NAME: | | 6.2 NAME: | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 6.4 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-26-96** (904) 243-4935

CR2E034 (12/95)