FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722549 (3)

1. Corporation Name

WASHINGTON ARMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
190 EAST OLMSTEAD DRIVE TITUSVILLE FL 32780	190 EAST OLMSTEAD DRIVE TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1972
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1449619 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

FIRESTONE, JOHN P
190 E OLMSTEAD DR
UNIT I1
TITUSVILLE FL 32780

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, typed 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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MACGREGOR, WILLIAM	1.2 NAME	DORMAN SPARKS	
STREET ADDRESS	190 E. OLMSTEAD DR. #H-3	1.3 STREET ADDRESS	4050 BARR CT.	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville, FL. 32796	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	OFJORD, OTTO	2.2 NAME	E. R. MANIERRE	
STREET ADDRESS	190 E. OLMSTEAD DR. #I-2	2.3 STREET ADDRESS	190 E. Olmstead Dr. # F-14	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Titusville, FL. 32780	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	THOMAS, PAUL	3.2 NAME	JEANETTE VIGLIOTTI	
STREET ADDRESS	190 E. OLMSTEAD DR. #H-11	3.3 STREET ADDRESS	190 E. Olmstead Dr. # C-11	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	Titusville, FL. 32780	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	GOLDSTEIN, MARY K	4.2 NAME	Cecelia Coleman	
STREET ADDRESS	190 E. OLMSTEAD DR. #B-1	4.3 STREET ADDRESS	190 E. Olmstead Dr. # A-8	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Titusville, FL. 32780	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HUTCHINGS, ROY	5.2 NAME	ELENA Lundbeck	
STREET ADDRESS	190 E. OLMSTEAD DR. #E-6	5.3 STREET ADDRESS	190 E. Olmstead Dr. # A-8	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	Titusville, FL. 32780	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BYERS, ANITA	6.2 NAME	Ernest Abney	
STREET ADDRESS	190 E OMSTEAD DR #F2	6.3 STREET ADDRESS	9350 W. Hickory Nut Dr.	
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	Winter Garden, FL. 34787	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Cecelia M Coleman 3-1-95 (407) 267-2552
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
Cecelia Coleman

0032501