

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
01/27/1972

3a. Date of Last Report
03/06/1995

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

24

25

29

30

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**

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

**FIRESTONE, JOHN P
190 E OLMSTEAD DR
UNIT 11
TITUSVILLE FL 32780**

81 Name

E.R. MANIERRE

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

190 E. OLMSTEAD DR. F-14

83

84 City

TITUSVILLE, FL.

FL

85 Zip Code
32780

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

E.R. Manierre, President
Signature, typed or printed name of registered agent and title if applicable

E.R. Manierre, President
(NOTE: Registered Agent signature required when reinstating)

2-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DORMAN, SPARKS	
STREET ADDRESS	4050 BARR COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANIERRE, E. R	
STREET ADDRESS	190 E OLMSTEAD DRIVE #F-14	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VIGLIOTTI, JEANETTE	
STREET ADDRESS	190 E OLMSTEAD DRIVE #C-11	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLEMAN, CECILIA	
STREET ADDRESS	190 E OLMSTEAD DRIVE, #A-8	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUNDBERG, ELENA	
STREET ADDRESS	190 E OLMSTEAD DRIVE, #C-8	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYERS, ANITA	
STREET ADDRESS	190 E OLMSTEAD DR #F2	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH DUBISKY	
1.3 STREET ADDRESS	3660 OAKHILL DR.	
1.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E.R. MANIERRE	
2.3 STREET ADDRESS	190 E. OLMSTEAD DR. F-14	
2.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ERNEST ARNEY	
3.3 STREET ADDRESS	9350 LK HICKORY NUT DR.	
3.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN FIRESTONE	
4.3 STREET ADDRESS	2795 DONNA DRIVE	
4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANITA BYERS	
5.3 STREET ADDRESS	190 E. OLMSTEAD DR. F-2	
5.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MIKE MANOS	
6.3 STREET ADDRESS	190 E. OLMSTEAD DR. C-10	
6.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	

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 617, 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

FEB 15 1996 (407) 268-0109
Date Daytime Phone

CR2E037 (12/95)