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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32780-5859

3. Date Incorporated or Qualified: 01/27/1972
3a. Date of Last Report: 02/20/1996

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

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

MANIERRE, E.R.
190 E. OLMSTEAD DR, F-14
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: WILLIAM MacGREGOR
82 Street Address (P.O. Box Number is Not Acceptable): 190 E.OLMSTEAD DR. H-3
83
84 City: TITUSVILLE,FLORIDA 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: William MacGregor. 900002097979 -02/26/97--01009--020 #61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBISKY, JOSEPH 3660 OAKHILL DR TITUSVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T DUBISKY,JOSEPH JR. 190 E.OLMSTEAD DR. I-4 TITUSVILLE,FLORIDA 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANIERRE, E.R. 190 E. OLMSTEAD DR, F-14 TUTUSVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P MacGREGOR,WILLIAM 190 E.OLMSTEAD DR. H-3 TITUSVILLE,FLORIDA 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABNEY, ERNEST 9350 LK HICKORY NUT DR WINTER GARDEN FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S KOWALSKE,IRENE 190 E.OLMSTEAD DR. F-20 TITUSVILLE,FLORIDA 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLEMAN, CECELIA 190 E OLMSTEAD DRIVE, #A-8 TITUSVILLE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V MANOS,MANUEL 190 E.OLMSTEAD DR. C-10 TITUSVILLE,FLORIDA 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BYERS, ANITA 190 E OLMSTEAD DR, F-2 TUTUSVILLE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D CARMODY,DEAN 190 E.OLMSTEAD DR. F-8 TITUSVILLE,FLORIDA 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYERS, ANITA 190 E OMSTEAD DR #F2 TITUSVILLE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D ARRUDA,MANUEL JR. 190 E.OLMSTEAD DR. B-10 TITUSVILLE,FLORIDA 32780	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Joseph Dubisky Jr. JOSEPH DUBISKY JR. (TRES.) 2-14-97 (407)267-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0015092