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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1449619

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACGREGOR, WILLIAM
190 E. OLMSTEAD DR, H-3
TITUSVILLE FL 32780**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☒ DELETE

NAME **DUBISKY, JOSEPH**
STREET ADDRESS **190 E. OLMSTEAD DR. I-4**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **P** ☐ DELETE

NAME **MACGREGOR, WILLIAM**
STREET ADDRESS **190 E. OLMSTEAD DR, H-3**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **S** ☒ DELETE

NAME **KOWALSKA, IRENE**
STREET ADDRESS **190 E. OLMSTEAD DR. F-20**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **V** ☐ DELETE

NAME **MANOS, MANUEL**
STREET ADDRESS **190 E OLMSTEAD DRIVE, #C-10**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ DELETE

NAME **CARMODY, DEAN**
STREET ADDRESS **190 E OLMSTEAD DR, F-8**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☒ DELETE

NAME **ARRUDA, MANUEL**
STREET ADDRESS **190 E OLMSTEAD DR #B-10**
CITY-ST-ZIP **TITUSVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **TREASURER**
JEANNETTE VIGLIOTTI
1.3 STREET ADDRESS **190 E. OLMSTEAD DR C-11**
1.4 CITY-ST-ZIP **TITUSVILLE, FL. 32780**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **SECRETARY**
JANET McMANIGLE
3.3 STREET ADDRESS **190 E. OLMSTEAD DR. D-8**
3.4 CITY-ST-ZIP **TITUSVILLE, FL. 32780**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **DIRECTOR**
ROGER KENNEDY
6.3 STREET ADDRESS **190 E. OLMSTEAD DR. A-15**
6.4 CITY-ST-ZIP **TITUSVILLE, FL. 32780**

14. I 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:

William Macgregor
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/27/98

407-267-7552
Daytime Phone # **0015047**

CR2E037 (10/97)