## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 722549**

WASHINGTON ARMS MANAGEMENT, INC.

Principal Place of Business
190 EAST OLMSTEAD DRIVE
TITUSVILLE FL 32780

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

190 EAST OLMSTEAD DRIVE TITUSVILLE FL 32780

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90093 019 \*\*\*\*61.25



3. Date Incorporated or Qualifed

01/27/1972

21		<u>_</u>	26					01/21/1912		<del></del>			
	Suite, Apt. 1	#, etc.	Suite,	Apt. #, etc.				4. FEI Number		——	lied For		
22			27				59-1449619			Not Applicable			
	City & State	•	City &	City & State				5. Certificate of Status Desired	_ <b>`</b>	\$8.75 Additional Fee Required			
23			28										
	Zip	Country	Zip	r—	Country			6. Election Campaign Financing	ב	\$5.00 N	.,		
24		25	29	30	L.,			Trust Fund Contribution		Added to	Fees		
Name and Address of Current Registered Agent						N		10. Name and Address of New Reg	istered Age	int			
					81	Name							
MACGREGOR, WILLIAM					82	82 Street Address (P.O. Box Number is Not Acceptable)							
190 E. OLMSTEAD DR, H-3								<u> </u>					
TITUSVILLE FL 32780					83			•					
					84	City		<u> </u>	8	5 Zip C	ode		
l									FL [				
11	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												
	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
Q I	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$												
Signature, typed or protect name or registared agent and see in approximation.													
12		OFFICERS AND	DIRECTORS		13.		<del>.</del> .				Addition		
TITU	.E	T		DELETE	1.1 TITLE		T		A	Change	☐ Audition (		
NAM	ΛE	VIGLIOTTI, JEANNETTE			1.2 NAME		1	KE O"BRIEN					
STR	REET ADDRESS	190 E OLMSTEAD DR C-11			1.3 STREE	ADDRESS		65 COUNTRY CLUB Dr.					
СІТ	Y-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-S	T-ZIP	TI	TUSVILLE, FL. 32780			=			
TITL	É	P		☐ DELETE	2.1 TITLE				L	] Change	☐ Addition		
NAN	WE	MACGREGOR, WILLIAM			2.2 NAME		1						
STF	REET ADDRESS	190 E. OLMSTEAD DR, H-3			2.3 STREE	T ADDRESS							
СП	Y-ST-ZIP	TUTUSVILLE FL			2.4 CITY-5	T-ZIP		<u> </u>					
TITI	LE	S		☐ DELETE	3.1 TITLE					] Change	☐ Addition		
NA	ME	MCMANIGLE, JANET			3.2 NAME		ļ						
STF	REET ADDRESS	190 E OLMSTEAD DR D-8			3.3 STREE	TADORESS	ĺ						
CIT	Y-ST-ZIP	TITUSVILLE FL 32780			3.4. CITY-5	T-ZIP				<del> </del>			
ŢĮŢĮ	LE	V		DELETE	4.1 TITLE		.V.		B	Change	☐ Addition		
NA	WE	MANOS, MANUEL		•	4. 2 NAME			D MANIERRE					
STF	REET ADDRESS	190 E OLMSTEAD DRIVE, #C-10			4 3 STREE	T ADDRESS	-19	O E OLMSTEAD DRIVE,	#F14				
CIT	Y-ST-Z)P	TITUSVILLE FL			4.4 CITY-S	T-ZIP	TI'	TUSVILLE, FL. 32780		<del>,</del>			
TIT	LÉ	D		DELETE	5.1 TITLE		D	•	9	(Change	☐ Addition		
NAI	ME	CARMODY, DEAN		•	5.2 NAME		MAI	NAUAL ARRUDA	V	\			
STI	REET ADDRESS	190 E OLMSTEAD DR, F-8			5.3 STREE	TADDRESS	1	O E. OLMSTEAD DRIVE,	#B10				
CIT	Y-ST-ZIP	TUTUSVILLE FL			5.4 CITY-S	T-ZIP		TUSVILLE, FL. 32780		1			
TIT	LΕ	D		DELETE	6.1 TITLE		D		(D	<b>Change</b>	☐ Addition		
NAI	ME	KENNEDY, ROGER		- •	6.2 NAME		! -	LLIÀM GOMEZ					
STE	REET ADDRESS	190 E OLMSTEAD DR A-15			6.3 STREE	T ADDRESS	1	60 N. US 1 UNIT 3208	2				
CIT	Y-ST-ZIP	TITUSVILLE FL 32780			6.4 CITY-S	T-ZIP	1	COA FL. 32927					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:07(3)(i), Plorida 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, with all other like empowered.