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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722549

1. Corporation Name

WASHINGTON ARMS MANAGEMENT, INC.

Principal Place of Business

190 EAST OLMSTEAD DRIVE
TITUSVILLE FL 32780

Mailing Address

190 EAST OLMSTEAD DRIVE
TITUSVILLE FL 32780



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/27/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1449619

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-18-99

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T VIGLIOTTI, JEANNETTE
190 E OLMSTEAD DR C-11
TITUSVILLE FL 32780 DELETE

1.1 TITLE
1.2 NAME MIKE O'BRIEN Change Addition
1.3 STREET ADDRESS 1165 COUNTRY CLUB Dr.
1.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

P MACGREGOR, WILLIAM
190 E. OLMSTEAD DR. H-3
TITUSVILLE FL DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

S MCMANIGLE, JANET
190 E OLMSTEAD DR D-8
TITUSVILLE FL 32780 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

V MANOS, MANUEL
190 E OLMSTEAD DRIVE, #C-10
TITUSVILLE FL DELETE

4.1 TITLE V.
4.2 NAME ROD MANIERRE Change Addition
4.3 STREET ADDRESS 190 E. OLMSTEAD DRIVE, #F14
4.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

D CARMODY, DEAN
190 E OLMSTEAD DR, F-8
TITUSVILLE FL DELETE

5.1 TITLE D
5.2 NAME MANAUAL ARRUDA Change Addition
5.3 STREET ADDRESS 190 E. OLMSTEAD DRIVE, #B10
5.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

D KENNEDY, ROGER
190 E OLMSTEAD DR A-15
TITUSVILLE FL 32780 DELETE

6.1 TITLE D
6.2 NAME WILLIAM GOMEZ Change Addition
6.3 STREET ADDRESS 6760 N. US 1 UNIT 3208
6.4 CITY-ST-ZIP COCOA, FL. 32927

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

1-18-99

Date

267-7552

Daytime Phone #

CR2E037 (1/198)