| FEI Number: 59-1447782 Certificate of Status Desired: No Name and Address of Current Registered Agent: BARRELLA, LORRAINE BARRELLA, LORRAINE 373 JEREMY CT MERRITT ISLAND, FL 32953 US US | | | | |
|---|--|-----------------|-------------------------|------------|
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE | : LORRAINE BARRELLA | | | 02/05/2014 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | TSD | Title | PRESIDENT | |
| Name | BOOTH, EDWIN P | Name | SMITH, JEAN | |
| Address | PO BOX 507 | Address | PO BOX 507 | |
| City-State-Zip: | CAPE CANAVERAL FL 32920 | City-State-Zip: | CAPE CANAVERAL FL 32920 | |
| Title | DIRECTOR | Title | VP | |
| Name | PENNY, DONALD | Name | WARD, TIFFANY | |
| Address | PO BOX 507 | Address | PO BOX 507 | |
| City-State-Zip: | CAPE CANAVERAL FL 32920 | City-State-Zip: | CAPE CANAVERAL FL 32920 | |
| Title | DIRECTOR | | | |
| Name | BERG, RICHARD | | | |
| Address | PO BOX 507 | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

TSD

SIGNATURE: EDWIN BOOTH

City-State-Zip: CAPE CANAVERAL FL 32920

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 722635

Entity Name: NORTH TRITON ARMS, INC.

Current Principal Place of Business:

171 N ATLANTIC AVENUE COCOA BEACH, FL 32931

Current Mailing Address:

PO BOX 507 CAPE CANAVERAL, FL 32920 US

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2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2014 **Secretary of State** CC0565401569

02/05/2014