

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthom
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:11

DOCUMENT # **370096** (0)

1. Corporation Name
FRANKLIN ARMS, INC.

Principal Place of Business Mailing Address
76 S. LAURA ST., STE. 2100 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/22/1970** 3a. Date of Last Report **03/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1233-9 Lane Ave. South**
22 Suite, Apt. #, etc. **JACKSONVILLE, FL 32205**
23 City & State
24 Zip **32205** 25 Country **USA**

4. FEI Number **59-1301713** 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
KINCAID, HARRY G
76 S. LAURA ST., SUITE 2100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name **Robert L. Gardner**
82 Street Address (P.O. Box Number is Not Acceptable) **1233-9 Lane Avenue South**
83
84 City **JACKSONVILLE** 85 State **FL** 86 Zip Code **32205**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE *Robert L. Gardner* DATE **April 11, 1995**

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	WALTON, W.H. JR.
STREET ADDRESS	1199 EDGEWOOD AVE. SOUTH
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	SKINNER, BRYANT B.
STREET ADDRESS	6800 SOUTHPOINTE PKWY.
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	POUCHER, ALLEN L.
STREET ADDRESS	1823 WOODMERE DRIVE
CITY ST ZIP	JACKSONVILLE FL
TITLE	PD
NAME	KINCAID, HARRY G.
STREET ADDRESS	76 S. LAURA ST., #2100
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allen L. Poucher* **Allen L. Poucher** 4-11-95 (904)389-0297