FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 10 1997 8:00am Secretary of State

DOCUMENT # 370096
1. Corporation Name
FRANKLIN ARMS, INC.

Principal Place of Business 1233-1 LANE AVE. S. JACKSONVILLE, FL 32205 Mailing Address

1233-1 LANE AVE. S. JACKSONVILLE, FL 32205

			,			<u> </u>
}	US				Date Incorporated or Qualified	3a. Date of Last Report
				09/22/1970 3/30/96		
2. Principal Place of Business 28. Mailing Address					4. FEI Number	Applied For
21233-1 LANE AVE. S. 26 1233-1 LANE			AVE.	s.	59-1301713	Not Applicable
Su te, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 JACKS	ONVILLE, FL	28 JACKSONVILLE	. FL		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	У	8. This corporation has liability for in	·
24 32205	25 US	29 32205 3	DS US			Yes No
	9. Name and Address of Current				10. Name and Address of New Reg	jistered Agent
DOBED	T L. GARDNER, CPA		81	Name		
ł	•		62	82 Street Address (P.O. Box Number is Not Accentable)		
1233-1 LANVE AVE. S.				82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE, FL 32205				 		
				L		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the pu	urpose of changing its registered
office or r agent. La	registered agent, or both, in the State o im familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statute	y the corp s.	corporation submits this statement for the pu- poration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Stgrature, typed or printed name of registered agent	and title if applicable (NOTE)	Registered Ag	ent signature i	required when reinstating)	DATE
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICE	
TITLE	DV	DELETE	1 1 TITLE	<u> </u>		Change Addition
NAME	WALTON, JR., W.H.	_	1.2 NAME			
	IREFT ADDRESS 3811 MC GRITS BLVD.			I ADDRESS	3811 MCGIRTS BLVD.	
CITY-ST-ZIF	JACKSONVILLE, FL		1.4 City-St-ZiP		JOIT PROTEIN BRAD.	
TITLE	D D	DELETE	21 TITLE	21-211		Change Addition
NAME	SKINNER BRYANT B.		2.2 NAME			
STREET ACKRESS			2.3 STREET ADDRESS			
CITY-S1-ZiP			2.4 CITY-SI, ZIP			
THUE	JACKSONVILLE, FL	DELETE	31 TITLE	SJ# ZIP		Change Addition
NAME	D		32 NAME			. Charge Las Modifier
	POUCHER, ALLEN L.		3.3 STREET			
STREET ADDRESS	1823 WOODMERE DRIVE					
CHY-ST 7F	JACKSONVILLE, FL	DELETE	3.4. CITY -	51-ZIP		Change Addition
	PD	□ btttit	1			T orrange T viderition
NAMI:	KINCAID, HARRY G.		4. 2 NAME	l l	ABAA Waxmarma maran	
STREET ADDRESS	4344 MCGIRTS, BLVD.			ADDRESS	4844 MCGRITS BLVD.	
CITY - ST - ZIP	JACKSONVILLE, FL	Interr	4.4 CITY - S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	5.1 TITLE	}		Change
NAME			52 NAME			Viv. a
STREET ADORESS			5.3 STREET	T ADDRESS		17/11/21
CITY ST-20F			5.4 CITY - 5	ST-ZIP		4.1
1-TLF	}	☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME		60000214 -04/11/970106	D636
STREET ADDRESS			6.3 STREET	ADDRESS	-04/11/970106	i0010
CHY-SI-ZIP			6.4 CITY - 9		***165.00	
	by south that the oformation symplical	with this filing does not qualify			ated in Section 110 07(3Vi) Florida Statutes	Lituribas costituidad tha

14. Too nereby cernly that the information supplied with this little goes not quality 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 189 B257