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**Apr 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**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**  
US

2. Principal Place of Business <b>21 1233-1 LANE AVE. S.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1233-1 LANE AVE. S.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>09/22/1970</b>	3a. Date of Last Report <b>3/30/96</b>
22. City & State <b>23 JACKSONVILLE, FL</b>	27. City & State <b>28 JACKSONVILLE, FL</b>	4. FEI Number <b>59-1301713</b>	Applied For Not Applicable
24. Zip <b>32205</b>	25. Country <b>US</b>	29. Zip <b>32205</b>	30. Country <b>US</b>

9. Name and Address of Current Registered Agent <b>ROBERT L. GARDNER, CPA 1233-1 LANE AVE. S. JACKSONVILLE, FL 32205</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code	

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 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DV</b>	WALTON, JR., W.H. 3811 MC GRITS BLVD. JACKSONVILLE, FL	1.1 TITLE <b>DV</b>	1.2 NAME <b>WALTON, JR., W.H.</b>
TITLE <b>D</b>	SKINNER, BRYANT B. 6800 SOUTHPOINTE PKWY JACKSONVILLE, FL	1.3 STREET ADDRESS <b>3811 MCGIRTS BLVD.</b>	1.4 CITY-ST-ZIP
TITLE <b>D</b>	POUCHER, ALLEN L. 1823 WOODMERE DRIVE JACKSONVILLE, FL	2.1 TITLE	2.2 NAME
TITLE <b>PD</b>	KINCAID, HARRY G. 4344 MCGIRTS, BLVD. JACKSONVILLE, FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE	3.2 NAME
TITLE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS <b>4344 MCGIRTS BLVD.</b>	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.2 NAME
TITLE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS <b>600002140636</b>	6.4 CITY-ST-ZIP
			<b>-04/11/97--01060--010</b>
			<b>***165.00</b>

14. I do hereby certify that the information supplied with this filing does not qualify 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: Allen L. Poucher **4-7-97** **389 8297**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)