


FILED

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		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 US		3. Date Incorporated or Qualified 09/22/1970 3a. Date of Last Report 3/30/96	
2. Principal Place of Business 21 1233-1 LANE AVE. S. Suite, Apt. #, etc.		2a. Mailing Address 26 1233-1 LANE AVE. S. Suite, Apt. #, etc.		4. FEI Number 59-1301713 Applied For Not Applicable	
22 City & State 23 JACKSONVILLE, FL Zip 24 32205		27 City & State 28 JACKSONVILLE, FL Zip 29 32205		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 US		30 US		85 Zip Code FL	
9. Name and Address of Current Registered Agent ROBERT L. GARDNER, CPA 1233-1 LANE AVE. S. JACKSONVILLE, FL 32205				10. Name and Address of New Registered Agent	
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.				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			X Change 3811 MCGIRTS BLVD.		
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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.			600002140636 -04/11/97--01060--010 ***165.00		
SIGNATURE: Sandra B. Mortham Secretary of State			4-7-97 389 8297		

CR2E034 (9/96)