

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 370096

(0)

1. Corporation Name
FRANKLIN ARMS, INC.

Principal Place of Business
**1233 -1 LANE AVE. S.
JACKSONVILLE, FO 32205**

Mailing Address
**1233-1 LANE AVE. S.
JACKSONVILLE, FL 32205**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

**ROBERT L. GARDNER, CPA
1233-1 LANE AVE. S.
JACKSONVILLE, FL 32205**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature (Typed or Printed Name of Registered Agent and the Applicant)

NOTE: To file a change of registered office or agent, the applicant must file this form with the Department of State.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	[] DELETE
NAME	WALTON, W.H., JR.	
STREET ADDRESS	3811 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	[] DELETE
NAME	SKINNER, BRYANT B.	
STREET ADDRESS	6800 SOUTHPOINTE PKWY.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	[] DELETE
NAME	POUCHER, ALLEN L.	
STREET ADDRESS	1823 WOODMERE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	PD	[] DELETE
NAME	KINCAID, HARRY G.	
STREET ADDRESS	4344 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13 TITLE		[] Change [] DELETE
13 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[] Change [] DELETE
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		X Change [] DELETE
42 NAME		
43 STREET ADDRESS	4334 MCGIRTS BLVD.	
44 CITY-ST-ZIP		
51 TITLE		[] Change [] DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

*****2835326-0
-04/09/99--01091--011
****158.75 ****158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Allen L. Poucher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1999 (908) 988-3233

FILED

99 APR -1 AM 10: 07

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporation (or Out of State)
09/22/1970

4. FEI Number **59-1301713** Applied For Not Applicable

5. Certificate of Status (Domestic) **xxx** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **()** \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax **()** Yes **()** No

10. Name and Address of New Registered Agent

CR2E034 (1/98)

780
4/1/99