2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 370096

Entity Name: FRANKLIN ARMS, INC.

KINCAID, HARRY G.,

JACKSONVILLE, FL

4334 MCGIRTS BLVD.

Name: Address:

City-St-Zip:

FILED May 01, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1233-1 LANE AVE, S JACKSONVILLE, FL 32205 US **Current Mailing Address: New Mailing Address:** 1233-1 LANE AVE, S JACKSONVILLE, FL 32205 US FEI Number: 59-1301713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, ROBERT L CPA 1233-1 LANE AVENUE SOUTH JACKSONVILLE, FL 32205 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WALTON, W.H. JR., Name: Name: 3811 MCGIRTS BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: () Delete Title: Title: () Change () Addition Name: SKINNER, CHARLES W Name: 3121 VENTURE PLACE Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition POUCHER, ALLEN L., Name: Name: 1823 WOODMERE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALLEN L. POUCHER D 05/01/2003