

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 370096

FILED
May 01, 2003
Secretary of State

Entity Name: FRANKLIN ARMS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1301713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, ROBERT L CPA
1233-1 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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:

Title: DV () Delete
Name: WALTON, W.H. JR.,
Address: 3811 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: SKINNER, CHARLES W
Address: 3121 VENTURE PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: POUCHER, ALLEN L.,
Address: 1823 WOODMERE DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: KINCAID, HARRY G.,
Address: 4334 MCGIRTS BLVD.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALLEN L. POUCHER

D

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date