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#2650-1

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **618204** **(2)**

1. Corporation Name

MIDWEST ARMS MANAGEMENT CORP.

Principal Place of Business	Mailing Address
1510 BARRY RD SUITE 3 CLEARWATER FL 34616 US	1510 BARRY RD SUITE E CLEARWATER FL 34616 US

2. Principal Place of Business	2a. Mailing Address
21 240 S. Pineapple Ave.	26 P O Box 49948
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 10th Floor	27
City & State	City & State
23 Sarasota, FL	28 Sarasota, FL
Zip / Country	Zip / Country
24 34236 / 25 US	29 34230 / 30 US

3. Date Incorporated or Qualified: 04/20/1979
3a. Date of Last Report: 03/27/1995
4. FEI Number: 59-1898623 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSTON, CATHY B
1510 BARRY RD
SUITE E
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: JOHNSTON, Cathy B.
82 Street Address (P.O. Box Number is Not Acceptable): 12651 Walsingham Rd
83 Suite E
84 City: Largo **FL** 85 Zip Code: 34644

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAND, DAVID S.		1.2 NAME		
STREET ADDRESS	4100 FLAMINGO AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DESENBERG, CHARLES		2.2 NAME		
STREET ADDRESS	1970 MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANAN, LEWIS		3.2 NAME		
STREET ADDRESS	1830 SO. TUTTLE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ David S. Band Director — 4/29/96 — 941/366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)