

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

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**Apr 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 689954 (6)**  
1. Corporation Name  
**ARMY-NAVY SURPLUS STORE, INC.**



Principal Place of Business: **76 BEAL PARKWAY NW FORT WALTON BEACH, F 32548**  
Mailing Address: **76 BEAL PARKWAY NW FORT WALTON BEACH, F 32548-4826**

3. Date Incorporated or Qualified: **10/01/1980**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2057793**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21. Suite Apt. # etc.  
22. City & State  
23. Zip Country  
24. Zip Country

9. Name and Address of Current Registered Agent  
**TOWNS, W, S, JR  
20 N SUNSET BLVD  
76 BEAL PKWY NW FT WALTON BEACH, FL  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOWNS, W S III</b>	
STREET ADDRESS	<b>816 MAYAN PLACE</b>	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOWNS, DORIS E</b>	
STREET ADDRESS	<b>76 BEAL PKWY NW</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH, FL00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, DIANE T</b>	
STREET ADDRESS	<b>209 HARRAND CREEK DR</b>	
CITY-ST-ZIP	<b>ENTERPRISE AL</b>	
TITLE	<b>TDS</b>	<input type="checkbox"/> DELETE
NAME	<b>TOWNS, W S JR</b>	
STREET ADDRESS	<b>76 BEAL PKWY NW</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH, FL00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, EDWARD J</b>	
STREET ADDRESS	<b>209 HARRAND CREEK DR</b>	
CITY-ST-ZIP	<b>ENTERPRISE AL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, DIANE T</b>	
STREET ADDRESS	<b>209 HARRAND CREEK DR</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address.

SIGNATURE: *[Signature]* Date: **4-2-97** (904) 243-4935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)