

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90092 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 689954

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1980

4. FEI Number 59-2057793	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Country 30

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]* DATE: **3-1-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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 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 an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3-1-99** DAYTIME PHONE #: **(850) 243-4935**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)