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

**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 Plac	e of Business	Mailing Address					it ander bible bedei bi	
76 Beal Parkway NW Fort Walton Beach. F 32548		76 BEAL PARKWAY NW FORT WALTON BEACH. F 32548						
					DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed	-	
						10/01/1980		_
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				59-2057793	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ '' '			5. Certificate of Status Desired	\$8.75 A	
22 City & Stat		City & State	City & State			6. Election Campaign Financing	\$5.00	<del></del> -
23		28				Trust Fund Contribution	Added t	- 1
Zip	Country Zip			try		8. This corporation owes the current year Intangible		
24	25 29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agent	
TOW	MS, W, S, JR		[]	81	Name			
	SUNSET BLVD			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	-	
76 BEAL PKWY NW FT WALTON BEACH, FL				83				
	F BREEZE FL 32561	·						
				84	City	· F	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes				e above-named corporation submits this statement for the purpose of changing its registe zed by the corporation's board of directors. I hereby accept the appointment as registerestatutes.				registered
office or r	registered agonit or both in the State am familiar with, and accept the oblig	r of Florida. Sylch change was a attons of, Section 607,0505, Flo	authorized orida Statui	by th tes.	he corporation	n's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE	/ V '\/ N / //	ment				ಶ	7-4	
	Signature, typed or printed name of registered ag-			gent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DS IN 12
12.	OFFICERS A	ND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE NAME	TOWNS, DORIS E		1.7 (11)				_ ,	_
STREET ADDRESS	TO DEAL DIVIANA ARM				ADDRESS			<b>I</b>
CITY-ST-ZIP	FT WALTON BEACH, FL00000							
TITLE	PD				ZIP			
NAME	{   D	DELETE	1.4 CIT 2.1 TITL	Y-ST-	ZIP		☐ Change	☐ Addition
STREET ADDRESS	WALKER, DIANE T		1.4 CIT	Y-ST- .E	ZIP		☐ Change	☐ Addition
	WALKER, DIANE T 209 HARRAND CREEK DR		1.4 CIT 2.1 TITL 2.2 NAM	Y-ST- LE ME	ZIP ADDRESS		Change	Addition
CITY-ST-ZIP	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL	☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAM	Y-ST- LE ME REET#	ADDRESS			. }
CITY-ST-ZIP TITLE	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS		1.4 CIT 2.1 TITU 2.2 NAM 2.3 STR	Y-ST- LE ME REET#	ADDRESS		☐ Change	Addition
	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR	☐ DELETE	1.4 CIT 2.1 TITU 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAA	Y-ST- LE ME REET # Y-ST- LE ME	ADDRESS : - ZIP			. }
TITLE	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW	☐ DELETE	1.4 CIT 2.1 TITU 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STF	Y-ST- LE ME REET A TY-ST- LE ME REET A	ADDRESSZIP			. }
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000	☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4. CIT	Y-ST- LE ME REET A Y-ST- LE ME REET A	ADDRESSZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000	☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITL	Y-ST- LE ME REET A Y-ST- LE ME REET A	ADDRESSZIP			. }
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J	☐ DELETE	1.4 CIT 2.1 TITU 2.2 NAI 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAI 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAI	Y-ST- E ME Y-ST- LE ME REET A TY-ST- LE	ADDRESS -ZIP  ADDRESS -ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J	☐ DELETE	1.4 CIT 2.1 TITU 2.2 NAI 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAI 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAI	Y-ST- E ME ME Y-ST- LE ME REET A LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J 209 HARRAND CREEK DR	☐ DELETE	1.4 CITT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF	Y-ST- LE ME REET A LE ME REET A LE LE LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	N -3} O + 2 de	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J 209 HARRAND CREEK DR ENTERPRISE AL PD WALKER, DIANE T	☐ DELETE	1.4 CITT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT	Y-ST- E ME ME Y-ST- LE ME Y-ST- LE ME Y-ST- LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	N -3} O + 2 de	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J 209 HARRAND CREEK DR ENTERPRISE AL PD WALKER, DIANE T 209 HARRAND CREEK DR	☐ DELETE	1.4 CITT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM	Y-ST- E ME ME Y-ST- LE ME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J 209 HARRAND CREEK DR ENTERPRISE AL PD WALKER, DIANE T	☐ DELETE ☐ DELETE ☐ DELETE	1.4 CITT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT	Y-ST- E WE  WE  Y-ST- LE WE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	N -3} O + 2 de	☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J 209 HARRAND CREEK DR ENTERPRISE AL PD WALKER, DIANE T 209 HARRAND CREEK DR	☐ DELETE	1.4 CITT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.1 TI	Y-ST- E ME REET / Y-ST- LE ME REET / LE ME REET / LE ME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	N -3} O + 2 de	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALKER, DIANE T 209 HARRAND CREEK DR ENTERPRISE AL TDS TOWNS, W S JR 76 BEAL PKWY NW FT WALTON BEACH, FL00000 D WALKER, EDWARD J 209 HARRAND CREEK DR ENTERPRISE AL PD WALKER, DIANE T 209 HARRAND CREEK DR	☐ DELETE ☐ DELETE ☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITL 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAV 5.3 STF 5.4 CIT 6.1 TITL 6.2 NAV 6.2 NAV 6.3 NAV 6.	Y-ST- E ME REET / Y-ST- LE ME REET / LE ME REET / LE ME REET / LE ME REET / ME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	N -3} O + 2 de	☐ Change ☐ Change ☐ Change	Addition Addition

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 a lattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90092 019 \*\*\*150.00