

Original Copy

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 9:41

1. Name of Limited Partnership

1a. DOCUMENT #

A07473

MIDWEST ARMS ASSOCIATES, LIMITED

Mailing Address

Principal Office Address

%Prestige Property Services
1510 Barry Road, Suite E
Clearwater, FL 34616

%Prestige Property Services
1510 Barry Road, Suite E
Clearwater, FL 34616

2. Mailing Address
P O Box 49948

2a. Principal Office Address
240 S. Pineapple Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
10th Floor

City & State
Sarasota, FL 34230-6948

City & State
Sarasota, FL

Zip Country
34230-6948 USA

Zip Country
34236 USA

3. Date Formed or Registered

05/09/1979

3a. Date of Last Report

4. State or Country of Formation

FL
6. FEI Number

59-1917799

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record

\$23,750.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$23,750.00

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

JOHNSON, Cathy B.
% Prestige Property Services
1510 Barry Road, Suite E
Clearwater, FL 34616

10. If changed, new Registered Agent/Office

Name

GORDON, David B.

Street Address (P.O. Box Number is Not Acceptable)

5005 West Laurel Street

Suite, Apt. #, etc.

Suite 206

City

Tampa

Zip Code

FL 33607-3839

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

David B. Gordon, registered agent

DATE 12-30-96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

Midwest Arms Management Corp

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

240 S. Pineapple Ave

11b. City, State & Zip Code

Sarasota, FL 34236

11c. Registration/
Document Number

618204

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****305.00 ****305.00

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

David S. Bard, Director, Midwest Arms Management Corp., a Florida corporation, general partner

DATE 12/10/96

Daytime Telephone Number 941/566-6660

CR2E003 (6/96)