FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 13 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01757** **(6)**

1. Corporation Name

AMERICAN BODY ARMOR & EQUIPMENT, INC.

Principal Place of Business	Mailing Address
85 NASSAU PLACE YULEE FL 32097	85 NASSAU PLACE YULEE FL 32097

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/15/1980**

3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: **59-2044869** ☐ 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

RIDGE, GEORGE E
225 WATER STREET
SUITE 900
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P ☐ Change ☒ Addition
NAME	JOHNSON, WILLIAM H	1.2 NAME	Spiller, Jonathan M.
STREET ADDRESS	85 NASSAU PLACE	1.3 STREET ADDRESS	85 Nassau Place
CITY-ST-ZIP	YULEE FL	1.4 CITY-ST-ZIP	Yulee, Fl. 32097
TITLE	V Senior	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, J MICHAEL	2.2 NAME	
STREET ADDRESS	85 NASSAU PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, ROBERT	3.2 NAME	
STREET ADDRESS	85 NASSUA PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	INNES, JOHN	4.2 NAME	
STREET ADDRESS	85 NASSAU PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, GARDNER	5.2 NAME	
STREET ADDRESS	85 NASSAU PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LASNICK, JULIUS	6.2 NAME	
STREET ADDRESS	85 NASSAU PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	6.4 CITY-ST-ZIP	

2/16

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: J. Michael Elliott 1/30/95 (904) 261-4035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402637 FP