

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90008 035 ***550.00

DOCUMENT # F93000003157

1. Corporation Name

MOSSBERG SAFE SYSTEMS, INC.



Principal Place of Business

C/O O.F. MOSSBERG & SONS, INCORPORATED
7 GRASSO AVE.
NORTH HAVEN CT 06473

Mailing Address

C/O O.F. MOSSBERG & SONS, INCORPORATED
7 GRASSO AVE.
NORTH HAVEN CT 06473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

06-1364311

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

☐ Yes ☐ No

2. Principal Place of Business

1871 Mason Avenue

2a. Mailing Address

1871 Mason Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach, FL

Daytona Beach, FL

Zip

Country

Zip

Country

32217

USA

30

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MOSSBERG, ALAN A**
STREET ADDRESS **7 GRASSO AVE.**
CITY-ST-ZIP **NORTH HAVEN CT 06473**

1.1 TITLE **Chairman, Director** ☒ Change ☐ Addition
1.2 NAME **MOSSBERG, Alan I.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **NICHOLS, GEORGIA L**
STREET ADDRESS **7 GRASSO AVE.**
CITY-ST-ZIP **NORTH HAVEN CT 06473**

2.1 TITLE **Vice President, Secretary** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MOSSBERG, JONATHAN**
STREET ADDRESS **7 GRASSO AVE.**
CITY-ST-ZIP **NORTH HAVEN CT 06473**

3.1 TITLE **President, Director** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **MOSSBERG, A. IVER**
STREET ADDRESS **7 GRASSO AVE.**
CITY-ST-ZIP **NORTH HAVEN CT**

4.1 TITLE **Delete in entirety** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **CFO** ☐ DELETE
NAME **KLANICA, BRIAN**
STREET ADDRESS **7 GRASSO AVE**
CITY-ST-ZIP **NORTH HAVEN CT 06473**

5.1 TITLE **Vice President, CFO** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **Vice President** ☐ Change ☒ Addition
6.2 NAME **Koch, Steven**
6.3 STREET ADDRESS **7 Grasso Avenue**
6.4 CITY-ST-ZIP **North Haven, CT 06473**

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.

SIGNATURE:

Georgia L. Nichols, Secretary

14 SEP 99

(203) 230-5380

CR2E034 (5/99)

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