PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000006031

ST. MARKS POWDER, INC.

Principal Place of Business	Mailing Address				
10101 9TH ST N. ST PETERSBURG FL 33716	10101 9TH ST N. ST PETERSBURG FL 33716				
2. Principal Place of Business 17197 Coastal Highway	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State Crawfordville, FL	City & State				
Zip Country	Zip Country				

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90026 010 ***150.00



ST PETERSBUR	31 PETERSBURG FL 33/16				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/29/1998		
	ncipal Place of Business 2a. Mailing Address			4. FEI Number (=0, -25-42.4)		plied For	
7197 Coastal Highway 26				APPLIED FOR 59-35434		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
~¦	<u> </u>	27				Fee Red	
City & State Crawfordville, FL					6. Election Campaign Financing	\$5.00	
20			0		Trust Fund Contribution	Added to) Fees
Zip 32327 ! يىر	Country	Zip Country			8. This corporation owes the current year Intengible Personal Property Tax. ☐ No		
32321	9. Name and Address of Curren	29 30	<u> </u>		10. Name and Address of New Registered		
	9. Name and Address of Curren	it Kegistered Agent	81	Name	10. Italia and Address of their registeres		
PAIN, GEORGE H ESQ					<u> </u>	٠	
PRIMEX TECHNOLOGIES, INC. 10101 9TH ST N.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
			83	83			
	PETERSBURG FL 33716						
			84	City	FI	85 Zip C	ode
dd Diversion	to the previous of Sections 607 050	2 and 607 1509 Florida Statutes	the above	a-pamed c	corporation submits this statement for the purpose of		registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	ionzed by	tne corpoi	ration's board of directors. I hereby accept the appoint	intment as reg	jistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes		•		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	custered Agen	il signature rec	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	C	☐ DELETE	1.1 TITLE		D	Change	☐ Addition
NAME	HASCALL, JAMES G		1.2 NAME	-	HASCALL, JAMES G		
STREET ADDRESS	ANAL ATLI OT N		1.3 STREET		10101 9th ST N.		1
CITY-ST-ZIP	ST PETERSBURG FL 33716		1.4 CITY-S	T-ZIP	ST PETEPSBUPG FL 33716		
TITLE	VCP	☐ DELETE	2.1 TITLE		CP	Change	☐ Addition
NAME	DEMAIRE, J. DOUGLAS		2.2 NAME	- 1	DEMAIRE, J DOUGLAS		
STREET ADDRESS	45454 5551 55 41		2.3 STREET		10101 9TH ST N		
CITY-ST-ZIP	ST PETERSBURG FL 33716	!	2.4 CITY-S		ST PETEPSBURG FL 33716		
TITLE	VS.	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	HUDKINS, JOHN W		3.2 NAME			,	`
STREET ADDRESS	10101 9TH ST N.		3.3 STREET	FADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33716		3.4. CITY- S	T-ZIP		,	
TITLE	VĪ	☐ DELETE	4.1 TITLE		V	i Change	Addition
NAME	CURLEY, STEPHEN C		4.2 NAME F		FINDLEY, DAVID E		
STREET ADDRESS	10101 9TH ST N.		4.3 STREET	FADDRESS	7197 COASTAL HIGHWAY		ì
CITY-ST-ZIP	ST PETERSBURG FL 33716		4.4 CITY-S	T-ZIP	CRAWFORDVILLE, FL 32327		
TITLE	V	DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	WILSON, MICHAEL S		5.2 NAME				
STREET ADDRESS	1		5.3 STREE	}			,
CITY-ST-ZIP	ST PETERSBURG FL 33716		5.4 CITY-S				(Z) A 3 4 15 a -
TITLE	VAT	☐ DELETE	6.1 TITLE		S OF ORDER II	Change	Addition
NAME	FISCHER, JOHN E		6.2 NAME		PAIN, GEORGE H		
STREET ADDRESS					10101 9TH ST N		
CITY-ST-ZIP	ST PETERSBURG FL 33716		6.4 CITY-S	T-ZIP	ST_PETERSBURGFL_33716		

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.

DIAZURE REGEORGE P.PAIN

SIGNATURE:

<u> 727-578-811</u>6