

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G46490** (0)

1. Corporation Name

SANTA ROSA SMALL ARMS TRAINING CENTER, INC.



Principal Place of Business

**6424 SMITH & WIXON LANE
MILTON FL 32570**

Mailing Address

**6424 SMITH & WIXON LANE
MILTON FL 32570**

3. Date Incorporated or Qualified

06/21/1983

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21. Subst. Apt. #, etc.

26. Subst. Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

4. FET Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

**WIXON, J.B.
6424 SMITH & WIXON LANE
MILTON FL 32570**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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

J. B. WIXON

Director

1-31-96

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

1. TITLE

PD

☐ DELETE

NAME

WIXON, J. B.

STREET ADDRESS

**6424 SMITH & WIXON LANE
MILTON FL 32570**

CITY, ST, ZIP

D

☐ DELETE

NAME

WIXON, MYRTLE L

STREET ADDRESS

**6424 SMITH & WIXON LANE
MILTON FL 32570**

CITY, ST, ZIP

NAME

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

NAME

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STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

NAME

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

NAME

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

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 Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE:

J. B. WIXON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

(904) 675-6744

Date

Telephone Number

CR2E034 (12/95)