

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G48717

(4)

1. Corporation Name

ARMOR SYSTEMS, INC.

Principal Place of Business

20 NORTH ORANGE AVENUE
SUITE 1500, ATLANTIC BANK BLDG.
ORLANDO FL 32801

Mailing Address

20 NORTH ORANGE AVENUE
SUITE 1500, ATLANTIC BANK BLDG.
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/14/1983

3a. Date of Last Report

05/01/1994

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

59-2304410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. 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

TALLEY, JAMES M.
20 NORTH ORANGE AVENUE
SUITE 1500, ATLANTIC BANK BLDG.
ORLANDO FL 32801

01 Name

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

03

04 City

FL

05 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 in printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when mandating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCB
NAME	BARTH, NIKOLAUS S.
STREET ADDRESS	593 DUNMAR CIRCLE
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	ST
NAME	BARTH, LOUISE
STREET ADDRESS	593 DUNMAR CIRCLE
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	P
NAME	BARTH, NIKOLAUS S.
STREET ADDRESS	593 DUNMAR CIRCLE
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3 OCEANS WLS BLDG. UNIT 705
1.4 CITY, ST, ZIP	DAYTONA BEACH, FL. 32118
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3 OCEANS WLS BLDG. UNIT 705
2.4 CITY, ST, ZIP	DAYTONA BEACH, FL. 32118
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	3 OCEANS WLS BLDG. UNIT 705
3.4 CITY, ST, ZIP	DAYTONA BEACH, FL. 32118
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(2)(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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or Block 14 if added with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK S. BARTH

4/13/95 (407) 323-7787