


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H58831 (9) 1. Corporation Name E.D.S. ORDNANCE, INC.					
Principal Place of Business 644-C ANCHORS ST. FT. WALTON BEACH FL 32548			Mailing Address 644-C ANCHORS ST. FT. WALTON BEACH FL 32548		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 1719 27 Suite, Apt. #, etc. 28 FT. Walton Beach, FL 29 Zip 30 32549-1719		3. Date Incorporated or Qualified 05/28/1985 4. FEI Number 59-2536064 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SAFFLE, ELTON D. 25 PARADISE POINT SHALIMAR FL 32579			10. Name and Address of New Registered Agent 81 Name LANGSTON, YANCEY F 82 Street Address (P.O. Box Number is Not Acceptable) 322 W. GARDEN ST 83 SUNTRUST TOWER, 9TH FLOOR 84 City PENSACOLA FL 85 Zip Code 32501		
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 Yancey Langston, YANCEY LANGSTON ESQ. 3/23/98 (Signature of person named in registered office and agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME ANTHONY J. SKEETE STREET ADDRESS 7019 PRO AM COURT CITY-ST-ZIP NAVARRE FL TITLE VPM <input checked="" type="checkbox"/> DELETE NAME SAFFLE, ELTON D. STREET ADDRESS 25 PARADISE POINT CITY-ST-ZIP SHALIMAR FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE CEO President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ANTHONY J. SKEETE 1.3 STREET ADDRESS 1913 CATAMARAN DRIVE 1.4 CITY-ST-ZIP NAVARRE, FL 32566 2.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME JANETTE M. JAMES 2.3 STREET ADDRESS 385 14TH STREET 2.4 CITY-ST-ZIP SHALIMAR, FLORIDA 32579 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 in an attachment with an address.

SIGNATURE **Anthony J Skeete** 03/04/98 850-243-3536

CR2E034 (10/97)