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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90014 028 ****158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H58831

1. Corporation Name

E.D.S. ORDNANCE, INC.

Principal Place of Business

644-C ANCHORS ST.
FT. WALTON BEACH FL 32548

Mailing Address

P. O. BOX 1719
FT. WALTON BEACH FL 32549-1719
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1985

4. FEI Number

59-2536064

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGSTON, YANCEY F.
220 W GARDEN ST
SUNTRUST TOWER, 9TH FL
PENSACOLA FL 32501

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

CEOP

☐ DELETE

NAME

SKEETE, ANTHONY J.

STREET ADDRESS

1913 CATAMARAN DR

CITY-ST-ZIP

NAVARRE FL 32566

TITLE

S

☐ DELETE

NAME

JAMES, JENETTE M.

STREET ADDRESS

35F 10TH ST

CITY-ST-ZIP

SHALIMAR FL 32579

TITLE

☐ DELETE

NAME

LANGSTON, YANCEY F.

STREET ADDRESS

220 W GARDEN ST

CITY-ST-ZIP

SUNTRUST TOWER, 9TH FL

TITLE

☐ DELETE

NAME

JAMES, JENETTE M.

STREET ADDRESS

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SHALIMAR FL 32579

TITLE

☐ DELETE

NAME

CEOP

STREET ADDRESS

1913 CATAMARAN DR

CITY-ST-ZIP

NAVARRE FL 32566

TITLE

☐ DELETE

NAME

SKEETE, ANTHONY J.

STREET ADDRESS

1913 CATAMARAN DR

CITY-ST-ZIP

NAVARRE FL 32566

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED

01/05/99

(850) 243-3536

Date

Daytime Phone #

CR2E034 (11/98)