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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # H66569

(5)

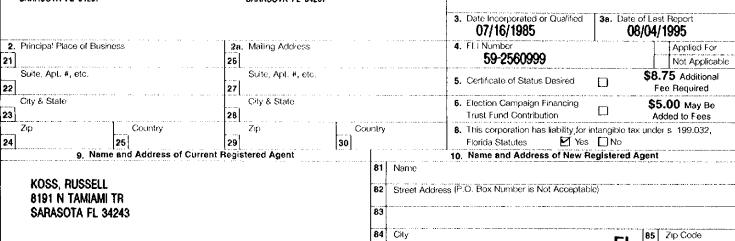
Corporation Name

SPECIALIZED AMMUNITION SERVICES, INC.

Principal Place of Business

Mailing Address

1226 ZACCHINI AVENUE SARASOTA FL 34237 1226 ZACCHINI AVENUE SARASOTA FL 34237



11. Pursuant to the provisions of Scations 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	[]] DELETE	1, 1 TITLE		Change	Addition
NAME	FRADLEY, DOUGLAS J.		1.2 NAME			
STREET ADDRESS	16023 WINBURN DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP			
TITLE	ST	[] DELETE	2 1 THILE		Change	Addition
NAME	FRADLEY, SUSAN		2.2 NAME			
STREET ADDRESS	16023 WINBURN DRIVE		2.3 STREET ADDRESS			
CHY-ST-ZIP	SARASOTA FL		2.4 CHY-ST-ZIP			
TITLE		DEFE IE	3 1 TALE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-S1-ZIP			3.4.0(TY-ST-ZIP			
TITLE		DELETE	4. 1 TIFLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C-TY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADORESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-7IP			
TITLE		[] DELETE	6 1 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STHEFT ADDRESS			
CITY-ST-ZIP			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(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 logal effect as if made under oath; that I am an officer or director of the Administration 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 the night, or on an attaction on with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 941-953-5545

CR2E034 (12/95)