

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
Secretary of State

0091980

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K94260**

(2)

1. Corporation Name

WAIN ROBERTS FIREARMS, INC.

Principal Place of Business

**5400 PARK BLVD.
PINELLAS PARK FL 34665**

Mailing Address

**5400 PARK BLVD.
PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1989

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

59-2923825

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, DAVIS
5400 PARK BLVD.
PINELLAS PARK FL 34665**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/98

12. OFFICERS AND DIRECTORS

TITLE **PV** ☐ DELETE

NAME **ROBERTS, DAVIS W**

STREET ADDRESS **6280 76 AVE. NO.**

CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **ST** ☐ DELETE

NAME **ROBERTS, BARBARA A**

STREET ADDRESS **6280 76 AVE. NO.**

CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **VP** ☐ DELETE

NAME **ROBERTS, CLIFTON ALLAN**

STREET ADDRESS **5400 PARK BLVD**

CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/98

Daytime Phone #

727-544-7931

CR2E034 (5/98)