FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M66829** **(6)**

1. Corporation Name

MAGNUM'S ARMORY, INC.

Principal Place of Business

4240 114TH TERR. N.
CLEARWATER FL 34622
US

Mailing Address

4240 114TH TERR. N.
CLEARWATER FL 34622
US

3. Date Incorporated or Qualified: **02/03/1988**

3a. Date of Last Report: **06/05/1995**

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
State, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2876731** 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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

RICHARDSON, DAVID JULES
5066 - 54TH STREET NORTH
ST. PETERSBURG FL 33709

10. **Name and Address of New Registered Agent**

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 [illegible] Name of Registered Agent [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	RICHARDSON, DAVID J.	
STREET ADDRESS	5066 54TH ST NORTH	
CITY, ST, ZIP	ST PETERSBURG FL	
TITLE	VP	☐ DELETE
NAME	DUDLEY, LEO A.	
STREET ADDRESS	8555 140TH ST NORTH	
CITY, ST, ZIP	SEMINOLE FL	
TITLE	VT	☐ DELETE
NAME	EWARD, JAMES W	
STREET ADDRESS	7767 HASTINGS CT. N	
CITY, ST, ZIP	ST PETERSBURG 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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: David J. Richardson DAVID J. RICHARDSON 2/22/96 (813)571-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)