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**Jul 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P12324 (0)
1. Corporation Name
GENERAL DEFENSE CORPORATION



Principal Place of Business
**10101 9 ST N./ATTN: LEGAL DEPARTMENT
P O BOX 21806
ST PETERSBURG FL 33718
US**

Mailing Address
**501 MERRITT 7
P.O. BOX 4500
NORWALK CO 06856-4500
US**

3. Date Incorporated or Qualified: **12/02/1986**
3a. Date of Last Report: **04/23/1996**
4. F.I. Number: **23-1932238** 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

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

2a. Mailing Address
26. **Primex Technologies, Inc.**
27. **10101 9th Street North**
28. **St. Petersburg, Florida**
29. **33716** 30. **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
000002229600
83. **-07/03/97--01002--035**
84. City *****550.00** 85. Zip Code **FL**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature is not required when re-registered) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CATANI, A A | |
| STREET ADDRESS | 5928 SEABIRD DRIVE | |
| CITY - ST - ZIP | GULFPORT FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WILSON, M.S. | |
| STREET ADDRESS | 2492 STAGRUN BLVD. | |
| CITY - ST - ZIP | CLEARWATER FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | ROSLUND, CAROL L | |
| STREET ADDRESS | 722 CAPTIVA CT NE | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | PIERPONT, J.M | |
| STREET ADDRESS | 57 MIDDLESEX ROAD | |
| CITY - ST - ZIP | DARIEN CT | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CALABRESE, ALBERT J | |
| STREET ADDRESS | 2838 SEABREEZE DR SO | |
| CITY - ST - ZIP | GULFPORT FL | |
| TITLE | CEO | <input checked="" type="checkbox"/> DELETE |
| NAME | GAFFNEY, J.M. | |
| STREET ADDRESS | 38 SOUTHRIDGE CT | |
| CITY - ST - ZIP | RIDGEFIELD CT | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------------|--|
| 11. TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | A. A. Catani | |
| 13. STREET ADDRESS | 10101 9th Street North | |
| 14. CITY - ST - ZIP | St. Petersburg, FL 33716 | |
| 21. TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | M. S. Wilson | |
| 23. STREET ADDRESS | 10101 9th Street North | |
| 24. CITY - ST - ZIP | St. Petersburg, FL 33716 | |
| 31. TITLE | VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32. NAME | George H. Pain | |
| 33. STREET ADDRESS | 10101 9th Street North | |
| 34. CITY - ST - ZIP | St. Petersburg, FL 33716 | |
| 41. TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42. NAME | Stephen C. Curley | |
| 43. STREET ADDRESS | 10101 9th Street North | |
| 44. CITY - ST - ZIP | St. Petersburg, FL 33716 | |
| 51. TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52. NAME | J. Douglas DeMaire | |
| 53. STREET ADDRESS | 10101 9th Street North | |
| 54. CITY - ST - ZIP | St. Petersburg, FL 33716 | |
| 61. TITLE | CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62. NAME | J. G. Hascall | |
| 63. STREET ADDRESS | 10101 9th Street North | |
| 64. CITY - ST - ZIP | St. Petersburg, FL 33716 | |

14. I do 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.

CR2E034 (9/96)

[Handwritten signatures and dates]