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Secretary of State

03-02-1999 90026 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P12324**

1. Corporation Name
GENERAL DEFENSE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 10101 9 ST N./ATTN: LEGAL DEPARTMENT
 P O BOX 21606
 ST PETERSBURG FL 33716
 US

Mailing Address
 C/O PRIMEX TECHNOLOGIES, INC.
 10101 9TH STREET NORTH
 ST. PETERSBURG FL 33716
 US

3. Date Incorporated or Qualified
12/02/1986

4. FEI Number
23-1932238

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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CATANI, A A	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, M S	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PAIN, GEORGE H	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CURLEY, STEPHEN C	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DEMAIRE, J. DOUGLAS	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	HASCALL, J G	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: GEORGE H. PAIN 1/25/99 727-578-8116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)