FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29033** **(8)**

1. Corporate Name
TIDEWATER POLICE & SPORTSMAN SUPPLIES, INC.

Principal Place of Business
7328 WARWICK BLVD.
NEWPORT NEWS VA 23607

Mailing Address
7328 WARWICK BLVD.
NEWPORT NEWS VA 23607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1990**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Apt. # or P.O. — 22 / 27
City & State — 23 / 28
ZIP — 24 / 29
County — 25 / 30

4. FEI Number: **54-1069264** ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POWELL, THOMAS L.
211 E. CALL STREET
P.O. BOX 1674
TALLAHASSEE FL 32302

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	KHOURY, SAMUEL L.	1 NAME	
1 STREET ADDRESS	7328 WARWICK BLVD.	1 STREET ADDRESS	
1 CITY ST ZIP	NEWPORT NEWS VA	1 CITY ST ZIP	
2 TITLE	S	2 TITLE	☐ Change ☐ Addition
2 NAME	KHOURY, SHELBY J	2 NAME	
2 STREET ADDRESS	7328 WARWICK BLVD.	2 STREET ADDRESS	
2 CITY ST ZIP	NEWPORT NEWS VA	2 CITY ST ZIP	
3 TITLE	V	3 TITLE	☐ Change ☐ Addition
3 NAME	KHOURY, LEON S	3 NAME	
3 STREET ADDRESS	7328 WARWICK BLVD.	3 STREET ADDRESS	
3 CITY ST ZIP	NEWPORT NEWS VA	3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 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)(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 added above.

SIGNATURE: Vice President 5-1-95 804-380-8546
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0488003 FN