FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33881

TITLE

STREET ADORESS

PYLES, BRUCE

1166 PORTER RD.

RED ROC	CKET FIREWORKS COMPAI	NY, INC.						
Principal Place	of Business	Mailing Address			# 10011001 100 31100 11 1 01 10101 19101	1 1101 01011 01011 0	1911 91311 378	ii bibii rabi
P.O. BOX 72 STRAFFORD MO 65757 P.O. BOX 72 STRAFFORD MO 65757					DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualifed 05/08/1991 			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			43-1082259		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Ac Fee Req	
27			·		6. Election Campaign Financing		\$5.00 N	
23	····	28	Country		Trust Fund Contribution		Added to	rees
Zip	Country 25	Zip	30		 This corporation owes the currer Personal Property Tax. 		Yes [ENo
24	9. Name and Address of Curren		30		10. Name and Address of New Re	gistered Age	nt	
	- 1.2.224×1		81 Nam	е				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82 Stree	et Addres	ss (P.O. Box Number is Not Acceptab	ole)	· · ·	
					1	. 11 715 - 715 - 717 - 7	*1 / 0 / 71	20 1 20 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PLAN	ITATION FL 33324		83					
		•	84 City		798 (8 1550 4.8	8	5 Zip C	ode
SP COS. 1					C	FL	poing its r	ogistored
affine or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida: Such change was au	s, the above-name thorized by the col	ed corpor	ation submits this statement for the p 's board of directors. I bereby accept	the appointme	ent as reg	istered
		Of French Cook and go had at		polation	3 board of directors, thereby decept		_	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	poramon	3 board of directors, thereby decept		•	
agent. i a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes. Registered Agent signatur		when reinstating)	DATE		
agent. i a	m familiar with, and accept the obligation of th	itions of, Section 607.0505, Flori	da Statutes.		<u>.</u>	DATE ICERS AND D	DIRECTOR	RS IN 12
agent. I a	m familiar with, and accept the obligation of th	ntions of, Section 607.0505, Flori	da Statutes. Registered Agent signatul		when reinstating)	DATE ICERS AND D		
agent, i al SIGNATURE	m familiar with, and accept the obligation of th	titions of, Section 607.0505, Flori nt and title if applicable. (NOTE: I	Registered Agent signatur 13.		when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	DIRECTOR	RS IN 12
agent. I all SIGNATURE 12.	m familiar with, and accept the obligation of th	titions of, Section 607.0505, Flori nt and title if applicable. (NOTE: I	Registered Agent signatur 13. 1.1 TITLE	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	DIRECTOR	RS IN 12
agent, I all SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age: OFFICERS AN PD AYCOCK, DANIEL	ntions of, Section 607.0505, Flori nt and tide if applicable. (NOTE: 1) ID DIRECTORS DELETE	Registered Apent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOR Change	RS IN 12
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA	titions of, Section 607.0505, Flori nt and title if applicable. (NOTE: I	Registered Apont signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOR	RS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST 1-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B.	ntions of, Section 607.0505, Flori nt and tide if applicable. (NOTE: 1) ID DIRECTORS DELETE	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOR Change	RS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST 1-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST.	ntions of, Section 607.0505, Flori nt and tide if applicable. (NOTE: 1) ID DIRECTORS DELETE	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOR Change	RS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO	ntions of, Section 607.0505, Flori nt and title if applicable. (NOTE: 10 DELETE	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOF Change	RS IN 12 Addition Addition
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOR Change	RS IN 12
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD. MOORE, DAVID	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOF Change	RS IN 12 Addition Addition
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD MOORE, DAVID 311 EVERGREEN ST.	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOF Change	RS IN 12 Addition Addition
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD. MOORE, DAVID 311 EVERGREEN ST. STRAFFORD MO	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signatur 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRES 2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTOF Change Change	SS IN 12 Addition Addition
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD MOORE, DAVID 311 EVERGREEN ST. STRAFFORD MO V	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND C	DIRECTOF Change Change	SS IN 12 Addition Addition
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD. MOORE, DAVID 311 EVERGREEN ST. STRAFFORD MO V TOWE, RICK	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signatur 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRES 2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND C	DIRECTOF Change Change	SS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD MOORE, DAVID 311 EVERGREEN ST. STRAFFORD MO V TOWE, RICK 311 EVERGREEN	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Apent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND C	DIRECTOF Change Change	SS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD. MOORE, DAVID 311 EVERGREEN ST. STRAFFORD MO V TOWE, RICK	Itions of, Section 607.0505, Flori Int and tide if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Apont signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND C	DIRECTOF Change Change	SS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD MOORE, DAVID 311 EVERGREEN ST. STRAFFORD MO V TOWE, RICK 311 EVERGREEN STRAFFORD MO V	Intons of, Section 607.0505, Flori Int and tide if applicable. (NOTE: Intended tide if applicable. (N	Table 1 Registered Apent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP	re required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND C	DIRECTOF Change Change Change	Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD AYCOCK, DANIEL 4118 EAST I-55 SERVICE RD. PONCHATOULA LA V NELSON, PHILIP B. 311 EVERGREEN ST. STRAFFORD MO STD MOORE, DAVID 311 EVERGREEN ST. STRAFFORD MO V TOWE, RICK 311 EVERGREEN STRAFFORD MO	Intons of, Section 607.0505, Flori Int and tide if applicable. (NOTE: Intended tide if applicable. (N	Registered Apent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.1 TITLE	ss	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND C	DIRECTOF Change Change Change	Addition Addition Addition

ROCK HILL S. 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 appeddress, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90067 026 ***150.00

417-736-2132

☐ Change

Addition