

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000043743 (2)

1. Corporation Name  
INTERARMCO, INC.



Principal Place of Business

Mailing Address

4393 RIDGEWOOD AVENUE  
SUITES 4 & 5  
PORT ORANGE FL 32127

4393 RIDGEWOOD AVENUE  
SUITES 4 & 5  
PORT ORANGE FL 32127

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3197238

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

10. Name and Address of New Registered Agent

GILL, ERIC V  
4393 RIDGEWOOD AVENUE  
SUITE 5  
PORT ORANGE FL 32127

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when not in block)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GILL, ERIC V  
STREET ADDRESS 817 HIGHPOINT DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE TD  
NAME WILDMONE, ROY L  
STREET ADDRESS 806 CHICAGO AVENUE  
CITY-ST-ZIP SOUTH DAYTONA FL 32119

☐ DELETE

12 NAME ☐ Change ☐ Addition

TITLE SD  
NAME LILLY, JAMES W  
STREET ADDRESS 59 BEACH STREET  
CITY-ST-ZIP PONCE INLET FL 32127

☐ DELETE

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

21 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

25 CITY-ST-ZIP ☐ Change ☐ Addition

26 CITY-ST-ZIP ☐ Change ☐ Addition

27 CITY-ST-ZIP ☐ Change ☐ Addition

28 CITY-ST-ZIP ☐ Change ☐ Addition

29 CITY-ST-ZIP ☐ Change ☐ Addition

30 CITY-ST-ZIP ☐ Change ☐ Addition

31 CITY-ST-ZIP ☐ Change ☐ Addition

32 CITY-ST-ZIP ☐ Change ☐ Addition

33 CITY-ST-ZIP ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

35 CITY-ST-ZIP ☐ Change ☐ Addition

36 CITY-ST-ZIP ☐ Change ☐ Addition

37 CITY-ST-ZIP ☐ Change ☐ Addition

38 CITY-ST-ZIP ☐ Change ☐ Addition

39 CITY-ST-ZIP ☐ Change ☐ Addition

40 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President, Interarmco  
Eric V. Gill

DATE

Daytime Phone #

CR2E034 (3/96)