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Apr 18 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 # P93000066042 (1)

1. Corporation Name
ALLEDALE ARMS GROUP, INC.



Principal Place of Business
248 1ST AVENUE NORTH
ST. PETERSBURG FL 33701

Mailing Address
248 1ST AVENUE NORTH
ST. PETERSBURG FL 33701-3304

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24
COX, THOMAS F
248 1ST AVE. NORTH
ST. PETERSBURG FL 33701

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

01/23/1996

4. FEI Number

59-3203392

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME COX, THOMAS F
STREET ADDRESS 248 1ST AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL

11 TITLE Change Addition

TITLE V DELETE

NAME MCLEAN, WADE H.
STREET ADDRESS 9888 INDIAN KEY TRAIL
CITY-ST-ZIP SEMINOLE FL

21 TITLE Change Addition

TITLE ST DELETE

NAME MCLEAN, JOY
STREET ADDRESS 9888 INDIAN KEY TRAIL
CITY-ST-ZIP SEMINOLE FL

31 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition

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.

SIGNATURE:

THOMAS F. COX 4/14/97 (813) 896-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)