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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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P95000019619 (2)

DOCUMENT #
1. Corporation Name ARMS DEPOT, INC.

| Principal Place | of Business | | ···· | Mailing Address | | | | - I CODITEDE ELE IDADE DIFIL DOISO DEISE DOISO DEDE FIGUR FOUR DIFIL HAVE TO ITEMA | | |
|--|--------------------|---------------------------|---|--|--|---|---|--|--|--|
| 413 S. FEDER STUART FL 3 | | Y | | 413 S. FEDERAL HIGH STUART FL 34994 | HWAY | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995 | | |
| 2. Principal Pla | ice of Busine | oss | 2 | 2a. Mailing Address | | | | 4. FEI Number Applied For | | |
| 21 | | | 26 | 5 | | | | 65-05626/2 Not Applicable | | |
| Suite, Apt. # | | | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Service Service Service Status Desired Fee Required | | |
| City & State | | | 26 | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | , | Country | <u> </u> | Zip | Cou | ntry | | 8. This corporation has liability for intangible tax under s 199.032, | | |
| 24 | | 25 | 29 | | 30 | | um.is.us. 1.2 | Florida Statutes Yes No | | |
| | 9, Name | and Address of Curr | rent Reg | distered Agent | | 81 | None | 10. Name and Address of New Registered Agent | | |
| CLOHOU | LOAN | | | | | 81 | Name | | | |
| CLOUGH | i, dan Ederal H | IIGHWAY | | 82 Street Ac | | | Street Addres | Address (P.O. Box Number is Not Acceptable) | | |
| | FL 34994 | uvi (FFA) | | | | 83 | | | | |
| | | | | | | | 0 | | | |
| | | | | | | B4 | City | FL 85 Zip Code | | |
| SIGNATURE | п, апо ассер | of the obligations of, So | ection 60 | 07.0505, Florida Statute | s. | | Signature required v | of directors. I hereby accept the appointment as registered agent. I am | | |
| 12. | | OFFICERS A | AND DIR | | 13. | | | | | |
| | | | | 1.01010 | 10. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | | | | DELETE | 1.17 | TLF | 9 | Change Addition | | |
| NAME | | | *************************************** | | | | P | Change A Addition | | |
| NAME STREET ADORESS | | | *************************************** | | 1. 1 Ti | ΜĔ | ADDRESS 20 | Change Addition UNIEL M. CLOUGH >85 U.E. OCAPICT. | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ DELETE | 1. 1 TI 1.2 NA 1.3 ST 1.4 CI | ME REF1 A IY-ST- | ADDRESS 20 ZIP JE | Change Addition Invier M. CLOUGH STUE, OCAPICT. WIEL BEACH, FL. 34957 | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | 1. 1 Ti 1.2 NA 1.3 ST 1.4 CI 2. 1 Ti | ME REF1 A I <u>y - St-</u> Tle | ADDRESS OF | Change Addition ANIEL M. CLOUGH ST UE, OCAPICT. ANSEN BEACH, FL. 34957 Change D Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME | | | | ☐ DELETE | 1. 1 TE 1.2 NA 1.3 ST 1.4 CE 2. 1 TE 2.2 NA | ME REFT A TY-ST- TLE ME | ADDRESS DA 2 C | Change Addition ANIEL M. CLOUGH STUE, OCAPICT. ANSEN BEACH, FL. 34957 Change D Addition TEVEN H. ROBINSON | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | ☐ DELETE | 1. 1 Ti 1.2 NA 1.3 ST 1.4 Ci 2. 1 Ti 2.2 NA 2.3 ST | ME REFT A TY-ST- TLE ME REET A | ADDRESS ZC -ZIP JE ST ADDRESS 16 | Change Addition ANIEL M. CLOUGH 85 UE, OCAPICT. ASEN BEACH, FL. 34957 Change D Addition EVEN H. ROBINSON OI CUTLASS ST. | | |
| NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME | | | | ☐ DELETE | 1. 1 Ti 1.2 NA 1.3 ST 1.4 Ci 2. 1 Ti 2.2 NA 2.3 ST 2.4 Ci | ME REFT A TY-ST- TLE ME REET A TY-ST- | ADDRESS ZC -ZIP JE ST ADDRESS 16 | Change Addition ANIEL M. CLOUGH ST UE, CAPI CT. WSEN BEACH, FL. 34957 Change D Addition EVEN H. ROBINSON OI CUTLASS ST. RT ST LUCIE, FL. 34953 | | |
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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 mattachines with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407)288-2782