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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000019619 (2) ARMS DEPOT, INC.

FILED May 08 1997 8:00am Secretary of State



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| Principal Place of Business Mailing Address 413 S. FEDERAL HIGHWAY 413 S. FEDERAL HIGHWAY | | | | | . 1000.0000 1010.00111 4011 50111 | - | 70119 WILE 110 | ************************************** | |
| 113 S. FEDERA Stuart fl 34 | | 413 S. FEDER/ Stuart FL 34 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualific 03/09/1995 | | ate of Last 01/1996 | Report |
| 2. Principal Place of Business | | 2a. Mailing Ad | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| 1 | | 26 | | | | 65-0562612 | | | Not Applicable |
| Suite Apt | | Suite, Apt | | ······································ | | 5. Certificate of Status Desired | | | Additional Required |
| City & Stat | le | City & Sta | ite | | | 6. Election Campaign Financing Trust Fund Contribution | · 🗀 | | May Be d to Fees |
| Zip | Country | Zip | | Country | Y | 8. This corporation has liability | | | в. 19 9.032, |
| <u> </u> | 25 | 29 | - <u>-</u> | 30 | | Florida Statutes | Yes | | |
| | 9. Name and Address of Curi | rent Registered Ager | <u>nt</u> | | Y 11 | 10. Name and Address of New | Registered | Agent | |
| | OUGH, DAN | | | 81 | Name | | | | |
| | S. FEDERAL HIGHWAY | | | 82 Street Add | | ress (P.O. Box Number is Not Accep | otable) | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STU | IART FL 34994 | | | - | ļ | | | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zij | Code |
| | | | | | <u> </u> | | <u>FL</u> | | |
| | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob- | ingations of decision o | | onal orandio | | | | | |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable | (NO1) | | | ilred when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO | |
| SIGNATURE 2. | Signature: Typed or printed name of registered OFFICERS A | agent and title if applicable | | E: Registered Ag | | ilred when reinstating) | DATE | | |
| SIGNATURE 2. | Signature: typed or printed name of registered OFFICERS A CLOUGH, DANIEL M | agent and title if applicable | (NO1) | E: Registered Ag | | ilred when reinstating) | DATE | D DIRECTO | |
| GNATURE 2. THE | Signature, lysted or printed name of registered OFFICERS A P CLOUGH, DANIEL M 2085 NE OCAPI CT. | agent and title if applicable | (NO1) | E Registered Ag 13. 1.1 TITLE 1.2 NAME | | ilred when reinstating) | DATE | D DIRECTO | |
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I have a complete the minimum supplies with this limit does not qualify the tree and the supplier state in Section 113.07(3), notice stations. The tree and the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged or on an imagine an address.

NAME OF SIGNING OFFICER OF DIRECTOR DANIEL