

DOCUMENT # P95000043816

1. Entity Name

ORDNANCE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
804 SOUTH FEDERAL HIGHWAY HALLANDALE FL 33009	804 SOUTH FEDERAL HIGHWAY HALLANDALE FL 33009-7123

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0590681	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				Applied For Not Applicable	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
SUTTON, JAMES G.S. 804 SOUTH FEDERAL HIGHWAY HALLANDALE FL 33009	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUTTON, JAMES G 804 S. FEDERAL HWY HALLANDALE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James G. Sutton JAMES G. S. Sutton 4/28/00 954 468

CR2E034 (9/99)

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