

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 # P95000057237 (6)

1. Corporation Name

FLORIDA ARSENAL CORPORATION



Principal Place of Business

Mailing Address

4659 AUTUMN WOODS WAY
TALLAHASSEE FL 32303

4659 AUTUMN WOODS WAY
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report
7/25/95

2. Principal Place of Business

2a. Mailing Address

21 4013D Woodville Hwy, Tall.

26 4013D Woodville Hwy, Tall.

22 4013D Woodville Hwy

27 4013D Woodville Hwy

23 Tallahassee, Fla

28 Tallahassee, Fla

24 Zip

29 Zip

25 Country

30 Country

4. FEI Number

4.593383607

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

ANGEL, DWIGHT G
4659 AUTUMN WOODS WAY
TALLAHASSEE FL 32303

81 Name DWIGHT G. Angel
82 Street Address (P.O. Box Number is Not Acceptable)
4659 Autumn Woods Way
83 Leon County
84 City Tallahassee

FL 85 32303

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 of registered agent or authorized officer

Signature of Registered Agent (Required when changing)

DATE

7-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ANGEL, DWIGHT G
STREET ADDRESS 4659 AUTUMN WOODS WAY
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D
NAME ANGEL, KIMBERLY J
STREET ADDRESS 4659 AUTUMN WOODS WAY
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D
NAME GARY MARSHALL
STREET ADDRESS 4013D Woodville Hwy
CITY-ST-ZIP Tallahassee, Fla.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

GARY MARSHALL
4013D Woodville Hwy
Tallahassee, Fla.

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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DATE

7-20-96 627-9251
Ext 136

CR2E034 (3/96)