

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000024362 (1)

1. Corporation Name  
**THE TACTICAL EDGE H.M.S., INC.**



Principal Place of Business <b>1948 42ND STREET NW WINTER HAVEN FL 33881</b>	Mailing Address <b>1948 42ND STREET NW WINTER HAVEN FL 33881-1977</b>
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3. Date Incorporated or Qualified <b>03/14/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>90 Spirit Lake Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>90 Spirit Lake Road</b> Suite, Apt. #, etc.
22 City & State 23 <b>Winter Haven, FL</b> Zip 24 <b>33880</b>	27 City & State 28 <b>Winter Haven, FL</b> Zip 29 <b>33880</b>
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number <b>59-3370242</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOHANNON, DOUGLAS S 1948 42ND STREET NW WINTER HAVEN FL 33881</b>
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10. Name and Address of New Registered Agent 81 Name <b>Bohannon, Douglas S.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>90 Spirit Lake Road</b> 83 84 City <b>Winter Haven</b> FL 85 Zip Code <b>33880</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOHANNON, DOUGLAS S</b>
STREET ADDRESS	<b>1948 42ND STREET NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARCUM, ROBERT D</b>
STREET ADDRESS	<b>1948 42ND STREET NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bohannon, Douglas S.</b>
1.3 STREET ADDRESS	<b>90 Spirit Lake Road</b>
1.4 CITY - ST - ZIP	<b>Winter Haven FL 33880</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Marcum, Robert D.</b>
2.3 STREET ADDRESS	<b>90 Spirit Lake Road</b>
2.4 CITY - ST - ZIP	<b>Winter Haven, FL 33880</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Douglas S. Bohannon* **25 APR 97** 941 401 8221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)