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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078506 (8)

1. Corporation Name
PIONEER ARMS, INC.

Principal Place of Business
408 45TH STREET WEST
BRADENTON FL 34209

Mailing Address
408 45TH STREET WEST
BRADENTON FL 34209-2970



3. Date Incorporated or Qualified 09/20/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0697473

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

JAMES M. WALLACE

82 Street Address (P.O. Box Number Is Not Acceptable)

420 Old Main Street

83

84 City

Bradenton

FL

85 Zip Code
34205

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 the registered agent or the corporation's officer or director

James M. Wallace

3/20/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NOELLE, JOHN A
STREET ADDRESS 408 45TH STREET WEST
CITY-STATE-ZIP BRADENTON FL 34209

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE V
NAME NOELLE, DOUGLAS S
STREET ADDRESS 408 45TH STREET WEST
CITY-STATE-ZIP BRADENTON FL 34209

2.1 TITLE VP
2.2 NAME NOELLE, SARAH
2.3 STREET ADDRESS 408 45th Street West
2.4 CITY-STATE-ZIP Bradenton, FL 34209

TITLE SD
NAME NOELLE, SARAH
STREET ADDRESS 408 45TH STREET WEST
CITY-STATE-ZIP BRADENTON FL 34209

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE T
NAME NOELLE, THOMAS J
STREET ADDRESS 408 45TH STREET WEST
CITY-STATE-ZIP BRADENTON FL 34209

4.1 TITLE T
4.2 NAME NOELLE, SARAH
4.3 STREET ADDRESS 408 45th Street West
4.4 CITY-STATE-ZIP Bradenton, FL 34209

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

John A. Noelle

March 20, 1997 941-747-0181

Date

Daytime Phone #

CR2E034 (9/96)