

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

0375418

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000006128**

1. Corporation Name  
**PATRIOT ARMS, INC.**

Principal Place of Business  
**115-B E BRANDON BLVD  
BRANDON FL 33511  
US**

Mailing Address  
**115-B E BRANDON BLVD  
BRANDON FL 33511  
US**

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DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
**01/16/1997**
- 4. FEI Number  
**59-3421819** 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 owes the current year Intangible Personal Property Tax  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc  
22 City & State  
23 Zip Country  
24

26 Suite, Apt. #, etc  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

**BUCK, THOMAS L  
1233 TUXFORD DRIVE  
BRANDON FL 33511**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 Zip Code  
**FL**

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 typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required for all filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCK, THOMAS L</b> <i>Thomas</i>	
STREET ADDRESS	<b>1233 TUXFORD DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</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

11 TITLE	<b>D, P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BUCK, THOMAS L.</b>	
13 STREET ADDRESS	<b>1233 TUXFORD DRIVE</b>	
14 CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
21 TITLE	<b>D, S, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>BREWER, KENNETH J.</b>	
23 STREET ADDRESS	<b>2807 NORWOOD HILLS LANE</b>	
24 CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11(1)(7)(3)(f), 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, with all other like empowered

SIGNATURE:

*Thomas L. Buck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS L. BUCK** 4/27/99 813-651-2767  
Date Day-Month-Year

CRZE034 (11/98)