

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

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

2. Principal Place of Business

2a. Mailing Address

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

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

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 85 Zip Code

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 filed if applicable

(NOTE: Registered Agent's signature required later in this filing)

(SEE)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BUCK, THOMAS L	
STREET ADDRESS	1233 TUXFORD DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D, P	[ ] Change [ ] Addition
12 NAME	BUCK, THOMAS L.	
13 STREET ADDRESS	1233 TUXFORD DRIVE	
14 CITY-ST-ZIP	BRANDON, FL 33511	
21 TITLE	D, S, T	[ ] Change [ ] Addition
22 NAME	BREWER, KENNETH J.	
23 STREET ADDRESS	2807 NORWOOD HILLS LANE	
24 CITY-ST-ZIP	VALERIE, FL 33594	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. BUCK 4/27/99 813-651-2767

Date Day-Mo-Year

0379418

CRZE034 (11/98)