

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10449

(4)

1. Corporation Name

TACTICAL OUTFITTERS, INC.

Principal Place of Business

RT. 2, BOX 170
MICANOPY FL 32667

Mailing Address

RT. 2, BOX 170
MICANOPY FL 32667

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/31/1990

3a. Date of Last Report

02/14/1994

4. FEI Number

59-3039500

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BARBOUR, JAMES W
1631 NW 39 AVE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

Richard L. McPherson

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

18450 NE 35th Street

84 City

Williston

FL

85

Zip Code
32696

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

Richard L. McPherson (T)

4/9/95

Signature, typed or printed name of registered agent (not filed if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BECKWITH, HARRY E.

STREET ADDRESS

RT. 2, BOX 170

CITY - ST - ZIP

MICANOPY FL

TITLE

D

NAME

BARBOUR, JAMES W.

STREET ADDRESS

1631 NW 39TH AVE.

CITY - ST - ZIP

GAINESVILLE FL

TITLE

D

NAME

NANCARROW, ROBERT E., JR

STREET ADDRESS

RT. 1, BOX 237

CITY - ST - ZIP

MICANOPY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Richard L. McPherson

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard McPherson

3/26/95

(904) 466-0320