

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 23 11 05:53

DOCUMENT # S42651

(7)

1. Corporation Name

LANCE ORDNANCE COMPANY, INC.

Principal Place of Business

**HC ROUTE 1 BOX 100 CO. RD. 357
MAYO FL 32066**

Mailing Address

**HC ROUTE 1 BOX 100 CO. RD. 357
MAYO FL 32066**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/03/1991

3a. Date of Last Report
11/18/1994

4. FEI Number
59-3059508

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. The corporation has liability for filing fees under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DECKER, ANDREW J., III
320 WHITE AVENUE
LIVE OAK FL 32060**

81 Name

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

83

84 City

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 (Print or Printed Name of Registered Agent and Title if Applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MCCRAY, HAROLD L.
RT. 2, BOX 273
MAYO FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MCCRAY, HELENE M.
RT. 2, BOX 273
MAYO FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MCCRAY, HENRY JOSEPH
RT. 2, BOX 273
MAYO FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(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 this 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 (changed), or on an attachment with an address.

SIGNATURE:

Harold McCray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-95
DATE

Signature (Print or Printed Name of Registered Agent and Title if Applicable)

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S42786

(1)

1. Corporation Name

MIKE HOEFT, INC.

Principal Place of Business

**4911 SW 188 AVE
FT. LAUDERDALE FL 33332**

Mailing Address

**4911 SW 188 AVE
FT. LAUDERDALE FL 33332**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1991

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0252128

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**

7. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 6101 SW 186 Way

Suite, Apt. #, etc.

22

2a. Mailing Address

26 6101 SW 186 Way

Suite, Apt. #, etc.

27

City & State

23 Fort Lauderdale, FL

Zip

24 33332

Country

25 USA

City & State

28 Fort Lauderdale, FL

Zip

29 33332

Country

30 USA

8. Name and Address of Current Registered Agent

**HOEFT, MIKE
4911 SW 188 AVE
FT. LAUDERDALE FL 33332**

10. Name and Address of New Registered Agent

81 Name

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

6101 SW 186 Way

83

84 City

Fort Lauderdale, FL

FL

85 Zip Code

33332

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 title of corporation)

84(R) Registered Agent Signature (required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOEFT, MIKE
STREET ADDRESS	4911 SW 188 AVE
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	HOEFT, CLAIRE
STREET ADDRESS	4911 SW 188 AVE
CITY ST ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	6101 SW 186 Way
14 CITY ST ZIP	Fort Lauderdale, FL 33332
2. TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	6101 SW 186 Way
24 CITY ST ZIP	Fort Lauderdale, FL 33332
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 110.07(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.

SIGNATURE: **②**

Claire R. Hoeft **CLAIRE R. HOEFT**

6-16-95

3056801949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Theme 8