

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

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90005 028 ***150.00

DOCUMENT # S49886

1. Corporation Name

SHALIMAR ARMS, INC.

Principal Place of Business

26 8TH ST
SHALIMAR FL 32579
US

Mailing Address

26 1TH ST
SHALIMAR FL 32579
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1991

4. FEI Number

59-2259084

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LIVESAY, JAMES R.
26 8TH ST
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
LIVESAY, JAMES R.
155 MONSHAN DRIVE
FT. WALTON BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
LIVESAY, DEBORAH K.
155 MONAHAN DRIVE
FT. WALTON BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

593422-90005-28
S49 886

SHALIMAR ARMS, INC.
26 8th STREET
SHALIMAR, FL. 32579

July 16, 1999

Division Of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Madam Or Sir,

Pursuant to advice given by the Department Of State Reinstatement
Examinator, Enclosed is the annual report for Shalimar Arms, Inc.
with the standard one-hundred fifty dollar filing fee.

The Corporate Reports were lost and were not noted as such until
the receipt of the second notice.

Please accept this Report with the attached payment.

Thank you for your consideration.

James Livesay