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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V43529**

1. Corporation Name

THOMSON PRECISION ARMS, INC.

Principal Place of Business

Mailing Address

**3768 US 1 Thomson Precision Arms, Inc.
Cocoa FL c/o I. C. Thomson
32926 4330 Peppertree Street
Cocoa FL 32926-2871**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **6/11/92** 3a. Date of Last Report **5/1/94**

2. Principal Place of Business

2a. Mailing Address

21 **3768 US 1**

26 **4330 Peppertree St.**

4. FEI Number

Applied For

59-3120414

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Cocoa FL**

28 **Cocoa FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32926**

25 **USA**

29 **32926**

30 **USA**

8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMSON, Richard A.
152 B Silver Hill Lane
Cocoa FL 32926**

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 name of registered agent and title if applicable)

(Signature) (Print name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **P - Richard A. Thomson**
STREET ADDRESS **152 B Silver Hill Lane**
CITY, ST, ZIP **Cocoa FL 32926**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **500001488445**
14 CITY, ST, ZIP **-05/24/95--01077--007**
*****200.00 ***200.00**

TITLE
NAME **V - Alan Thomson**
STREET ADDRESS **4330 Peppertree St.**
CITY, ST, ZIP **Cocoa FL 32926**

17 TITLE Change Addition
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

TITLE
NAME **S - Ingeborg C. Thomson**
STREET ADDRESS **4330 Peppertree St.**
CITY, ST, ZIP **Cocoa FL 32926**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME **T - Ingeborg C. Thomson**
STREET ADDRESS **4330 Peppertree St.**
CITY, ST, ZIP **Cocoa FL 32926**

25 TITLE Change Addition
26 NAME
27 STREET ADDRESS
28 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

29 TITLE Change Addition
30 NAME
31 STREET ADDRESS
32 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

33 TITLE Change Addition
34 NAME
35 STREET ADDRESS
36 CITY, ST, ZIP

REMITTED BY MAY 1

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

Richard A. Thomson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Thomson, President

May 15, 1995

407-631-4100

Date

Telephone Number



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 9, 1995

THOMSON PRECISION ARMS, INC.
4330 PEPPERTREE ST.
COCOA, FL 32926-2871US

SUBJECT: THOMSON PRECISION ARMS, INC.
Ref. Number: V43529

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The form submitted is not suitable for microfilming. A blank form is enclosed for your convenience. The entire form must be complete before resubmitting.

NOTE: YOU HAVE 30 DAYS FROM THE DATE OF THIS LETTER TO MAKE THE CORRECTIONS AND RETURN THE DOCUMENT AND NOT HAVE TO PAY THE LATE FEE OF \$25.00.

PLEASE RETURN A COPY OF THIS LETTER WITH THE CORRECTED DOCUMENT TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Leilani White
ANNUAL_REPORTS Section

Letter number: 695A00023226

TO: SANDRA B. MORTHAM, SECRETARY OF STATE
100 SOUTH GADSDEN STREET, TALLAHASSEE, FLORIDA 32301
TELEPHONE: (904) 487-6056
FACSIMILE: (904) 487-6057
TELETYPE: (904) 487-6058