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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

(9)

THOMSON PRECISION ARMS, INC.										
Principal Place o	f Business	Mailing Address							10 8 10 11 0 10 11 10 0 1	
3768 US HWY 1 COCOA FL 32926		C/O I.C. THOMSON 4330 PEPPERTREE STREET COCOA FL 32926-2871				3. Date Incorporated or Qualified	3a. Date of L	aet Re	anod	
		U\$				06/11/1992	1	.ast ne 23/19	•	
2. Principal Place	e of Business S	2a. Mailing Address 26 4330 Peppertree St.				4. FEI Number 59-3120414	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing			May Be	
3 Cocoa	FL	28 Cocoa FL				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou			8. This corporation has liability for i		der s	199.032,	
4 32926	25 USA	29 32926	30 US	Α		Florida Statutes Yes	<u> </u>	<u></u>		
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New R	eĝistereo Age			
T. 101 10	OU DIGUIADO 4			01						
152 B. S	ON, RICHARD A SILVER HILL LANE			82	Street Addr	SS (P.O. Box Number is Not Acceptable)				
COCOA	FL 32926			83			· · · · · · · · · · · · · · · · · · ·			
				В4	City		FL		Code	
or registered	the provisions of Sections 607.0502 and agent, or both, in the State of Florida, and accept the obligations of, Section	i. Such change was authorize	s, the abo d by the c	ve-r corp	named corpor oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changir pintment as regi	ig its re stered	egistered office agent. I am	
SIGNATURE	gnature typed or printed name of registered agent as									
12.	Ignature typed or printed name of registered agent at OFFICERS AND	nd little if applicable. [NOT DIRECTORS	E Hegistered	Agen	it signature required	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIE	RECTO	RS IN 12	
TITLE	P	DELETE	1.11	ITLE		ADDITIONS OF PARCES TO STI		hange	Addition	
NAME	THOMSON, RICHARD A.		1.2 N					•		
STREET ADDRESS	152 SILVER HILL LANE		1.3 \$1	IREET	ADDRESS					
CITY - ST - ZIP	COCOA FL 32926		1.4 Ci	ITY-S	ST-ZIP					
TITLE	V	DELETE	211	HLE				hange	☐ Addition	
NAME	THOMSON, ALAN		22 N	AME						
STREET ADDRESS	4330 PEPPERTREE St.	32926	23 S	TREET	ADDRESS					
CITY - ST - ZIP	COCOA FL				ST - ZIP					
TITLE	ST	☐ DELETE	3 1 T					hange	☐ Addition	
NAME	THOMSON, INGEBORG C.		3.2 N							
STREET ADDRESS	4330 PEPPERTREE St	32926			1 ADDRESS					
CITY-ST-7IP TITLE	COCOA FL	DELETE	4 1 7		ST-ZIP			hange	[Addition	
NAME			4.2 N							
STREET ADDRESS					ADDRESS				•	
CITY-ST-ZIP					ST-ZIP					
TITLE		☐ DELETE	5 1 T	ITLE				hange	☐ Addition	
NAME			52 N	AME						
STREET ADDRESS			538	TREET	ADDRESS					
CITY - ST - ZIP			54C	ITY - S	ST-ZIP					
TITLE		DELETE	6 1 T	ITLE				hange	■ Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	T ADDRESS					
CITY-ST-ZIP	and the late of th	Bh thin films is religionable from:			ST-ZIP	or the exemption stated in Section 119	07(3)(b) Elorida	Statut	toe I further	
certify that	the information indicated on this annua	al report or supplemental annuation or the receiver or trustee	ual report e empowe	is tru	ue and accura	or the exemption state in Section 119 attended that my signature shall have the is report as required by Chapter 607, Fi	same legal effe	ect as if	f made under	

SIGNATURE:

April 15, 1996 407-631-4100

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR DEPOS OF THE STORY OF THE S

CR2E034 (12/95)