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

DOCUMENT # P9800040979

1. Corporation Name

TACTICAL RESPONSE TRAINING, INC.

Princi	ipal F	lace of	Business
12204	иw	122ND	TERRACE

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90006 025 ***150.00



i micipai i iace	or Dualificas								
12204 N.W. 122ND TERRACE ALACHUA FL 32615		12204 N.W. 122ND TERRACE ALACHUA FL 32615			DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 05/06/1998		÷	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Appli	ed For
<u>.</u>		26				59-3513297		Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Ad	ditional
اور		27				5. Certifcate of Status Desired	Fe	e Requ	ired
City & State	e	City & State				6. Election Campaign Financing	\$5	00-м	ev-Re
¬ / '	·	28				Trust Fund Contribution		led to	
Zip	Country	Zip	Cour	ntrv		8. This corporation owes the current year Inta			
– '		—	30	,		Personal Property Tax.	Yes]No
24]	25	Pagistared Agent	 			10. Name and Address of New Registered A			
	9. Name and Address of Current	Registered Agent	+	81	Name	TV. Hallie and Address of New Registered A	igeni		
1/AN	WINKIE MADY E			٠,	Name				
van Winkle, mary e 3844 bee Ridge Rd. Ste. 202			ľ	82	Street Address (P.O. Box Number is Not Acceptable)				
SAR	ASOTA FL 34233		ţ	83					
		•	ļ				T==T	70-0-	
				84	City	FL	85	Zip Co	ae
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was a	uthorized	by t	the corporat	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	tment a	s regis	stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent	signature requir	red when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TIT	LE		P, T, D	XXChai	nge	☐ Addition
NAME	van winkle, edward l		1.2 NA	ME		Van Winkle, Edward I.			
STREET ADDRESS	12204 N.W. 122ND TERRACE		1,3 STF	REET	ADDRESS	Van Winkle, Edward L. 12204 N.W. 122nd Terrace Alachua, FL 32615			
	ALACHUA FL 32615		1,4 CIT		-7!P	Alachua, FL 32615			
CITY-ST-ZIP TITLE	D	XXDELETE	2.1 177		<u></u>	V, S, D	☐ Chai	nge	XAddition
		M-M	2.2 NA			Van Winkle, Tanya L.	_		ΛΛ.
NAME	HALL, ROBERT L		1 "		4000000	12201 N W 122nd Tangaca			
STREET ADDRESS					ADDRESS	12204 N.W. 122nd Terrace Alachua, FL 32615			
CITY-ST-ZIP	GAINESVILLE FL 32653	——————————————————————————————————————	2.4 Cl		-ZIP	Aracha, 12 02019	Char		☐ Addition
TITLE		☐ DETELE	31717	LΕ			□ Cila	ige	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET.	ADDRESS	,			
CITY-ST-ZIP			3.4. CI	TY-\$T	i-ZIP				
TITLE		☐ DELETE	4.1 111	LE			Cha	nge	☐ Addition
NAME			4.2 NA	WE	}				
STREET ADDRESS			4.3 STI	REET.	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP				
TITLE		DELETE	5.1 TIT				☐ Cha	nge	Addition
NAME		1.4	5.2 NA	ME					
STREET ADDRESS		1	5.3 ST	REET.	ADDRESS				
		76.71	5.4 CIT		i				
CITY-ST-ZIP		☐ DELETE	6.1 TIT		-+		Cha	nge	Addition
TITLE		_ >====================================	6.2 NA					-	_
NAME					ADDRESS				
STREET ADDRESS					1				
CITY-ST-ZIP			6.4 CIT	Y-ST	-ZIP j				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 enanged) or on an attackment with an address, with all other like empowered.

SIGNATURE:

Edward L. Van Winkle

1-25-99

(904) 418-3543

Daytime Phone #