FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -6 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701472 (3)

1. Corporation Name
TAMPA AREA SAFETY COUNCIL, INC.

Principal Place of Business	Mailing Address
1113 DR. M. L. KING JR. BLVD. EAST TAMPA FL 33603	1113 DR. M. L. KING JR. BLVD. EAST TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1960	3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-0581682	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

HINSON, JOE B, JR
1113 E. DR. M.L. KING JR. BLVD.
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400001401494
-02/09/95--01039--017
84 City *****70.00 FL 85 Zip Code *****70.00

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 Joe B Hinson Jr 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MILLER, THOMAS L	1.2 NAME	
STREET ADDRESS	USF, 4202 FOWLER	1.3 STREET ADDRESS	Arnold Glauser
CITY-ST-ZIP	TAMPA, FL	1.4 CITY-ST-ZIP	28455 Openfield Wesley Chapel, Fl 33543
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	LAWSON, DAVID W	2.2 NAME	
STREET ADDRESS	1025 BRIARWOOD AVE.	2.3 STREET ADDRESS	Thomas Miller
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	USF,4202 Fowler Tampa, Fl.
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	GLAUSER, ARNIE	3.2 NAME	
STREET ADDRESS	28455 OPENFIELD	3.3 STREET ADDRESS	Lou Gasbarro
CITY-ST-ZIP	WESLEY CHAPEL FL	3.4 CITY-ST-ZIP	7510 34th St. S. Ste T-16 St. Petersburg, Fl 33711
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	TOWNSEND, CHARLES J III	4.2 NAME	
STREET ADDRESS	PO BOX 1348 N/A	4.3 STREET ADDRESS	Lloyd DeFrance
CITY-ST-ZIP	TAMPA, FL 0	4.4 CITY-ST-ZIP	PO Box 191 N/A Tampa, Fl 33601
TITLE	SED	5.1 TITLE	S Ec'D ☐ Change ☐ Addition
NAME	HINSON JR., JOE B	5.2 NAME	
STREET ADDRESS	1113 DR. M.L. KING JR. BLVD.E.	5.3 STREET ADDRESS	Joe B Hinson Jr.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	1113 Dr. M.L. King Jr. Blvd. E. Tampa, Fl
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	2/6/95 MST
CITY-ST-ZIP		6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe B Hinson Jr Joe B Hinson, Jr. 1/13/95 813-248-1567
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033380