02261999-90004-036-$70.00-$70.00

FILE NOW. FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 19 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

120303-90004-36

DOCUMENT # 701472

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/29/1960

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

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
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	P	☐ Change ☒ Addition
NAME	LLOYD DEFRANCE		12 NAME	Schmidt, Norman K	
STREET ADDRESS	PO BOX 191		13 STREET ADDRESS	FL Dept. of Labor 9215 N Fla. Ave. #105	D
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	Tampa FL 33612	
TITLE	T	☒ DELETE	21 TITLE	Pres-Elect	☐ Change ☒ Addition
NAME	JACKSON, JASON		22 NAME	Jackson, Jason	
STREET ADDRESS	8208 HANGAR LOOP DR #3		23 STREET ADDRESS	GARWISE 8208 Hangar Loop Dr. #3	D
CITY-ST-ZIP	MACDILL AFB FL		24 CITY-ST-ZIP	MacDill AFB, FL 33621-5502	
TITLE	DP	☒ DELETE	31 TITLE	Immed P. Pres	☐ Change ☒ Addition
NAME	LLOYD DEFRANCE		32 NAME	Betty DeLong	
STREET ADDRESS	17755 US HWY 19 N		33 STREET ADDRESS	D/D Safety Hlcare 601 Carolina Ave.	D
CITY-ST-ZIP	CLEARWATER FL		34 CITY-ST-ZIP	Plant City FL 33566	
TITLE	PE	☒ DELETE	41 TITLE	Lawrence J. Falck	☐ Change ☒ Addition
NAME	SCHMIDT, NORMAN K		42 NAME	OSHA	
STREET ADDRESS	9215 N. FLORIDA AVE., #105		43 STREET ADDRESS	5807 Breckenridge Pkwy #A	D
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP	Tampa, FL 33610-4249	
TITLE	SED	☒ DELETE	51 TITLE	SED	☐ Change ☒ Addition
NAME	HINSON JR., JOE B		52 NAME	Hinson Jr. Joe B	
STREET ADDRESS	1113 E DR ML KING JR BLVD		53 STREET ADDRESS	1113E. ML King Jr Blvd	D
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP	Tampa, FL 33603	
TITLE	P	☒ DELETE	61 TITLE	DP	☐ Change ☐ Addition
NAME	DELONG, BETTY		62 NAME	Schmidt, Norman K	
STREET ADDRESS	P O DRAWER L N/A		63 STREET ADDRESS	FL Dept. of Labor 9215 N Fla Ave. #105	
CITY-ST-ZIP	PLANT CITY FL		64 CITY-ST-ZIP	Tampa, FL 33612	

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/17/99 813-248-1567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joe B Hinson Jr.
Joe B. Hinson Jr.