## TAMPA AREA SAFETY COUNCIL, INC.

1113 DR. M. L. KING JR. BLVD. EAST **TAMPA FL 33603** 

Principal Place of Business

Mailing Address

1113 DR. M. L. KING JR. BLVD. EAST

**TAMPA FL 33603** 

## **FILED** Jan 19, 2000 8:00 am **Secretary of State**

01-19-2000 90091 024 \*\*\*\*70.00



2. Principal Place of Business		3. Mailing Address			T 1000/H 1001½ 0001% 1001% DYBAT 15010 HOLY BAOLY BAOLY BAOLY BAOLY BAOLY BAOLY BAOLY BAOLY BAOLY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE! Num	4. FEI Number 59-0581682		plied For Applicable	
Zip	Country	Zip Country		5. Certifica	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
				Name -				
HINSON, JOE B, JR 1113 E. DR. M.L. KING JR. BLVD. TAMPA FL 33603				Street Address (P.O. Box Number is Not Acceptable)				
		City			FL	Zip Code	·	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW:  9. Election Campaign Financing \$5.00 May Be  Make Check Payable to								
	FEE IS \$61.25	Trust Fund Contribu	ition.	Added to Fees	Department	of State	ļ	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
10.	OFFICERS AND DIF		11.	ADDITIONS/C	MANGES TO OPPICERS AND DI			
TITLE	PD	Delete	TITLE	PD		Change	☐ Addition	
NAME	SCHMIDT, NORMAN K		NAME	JACKSON, JASON R.				
STREET ADDRESS	9215 N FLA. AVE. #105		STREET ADDRESS	8202 HANGAR LOOP DR #3				
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	MACDILL AFB. FL				
TITLE	PE	☐ <b>X</b> Delete	TITLE	PE Change Addition				
NAME	JACKSON, JASON		NAME	FALCK, LAWRENCE J.				
STREET ADDRESS	8208 HANGAR LOOP DR #3		STREET ADDRESS	5807 BRECKENRIDGE PKWY #A				
CITY-ST-ZIP	MACDILL AFB FL		CITY-ST-ZIP	TAMPA FL				
TITLE	IPP STATE OF THE PROPERTY OF T	Delete	TITLE	IPP → Change → Addition			☐ Addition	
NAME	DELONG, BETTY		NAME	SCHMIDT, NORMAN K.				
STREET ADDRESS	601 CAROLINA AVE		STREET ADDRESS	9215 N FLORIDA AVE #105				
CITY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP	MAMDA DI				
TITLE	T	Delete	TITLE	m TRITIES, II	Li	Change	☐ Addition	
NAME	FALCK, LAWRENCE J	Λ	NAME	L CHOKED II	ITM	••	ĺ	
STREET ADDRESS	5807 BRECKENRIDGE PKWY #A		STREET ADDRESS		STOKER, TIM 3601 N NEBRASKA AVE			
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	3601 N NE	BRASKA AVE			
TITLE	SED	- <b>T</b> Delete	TITLE ~	TAMPA, FI	· · · · ·	Change	Addition	
NAME	HINSON JR., JOE B	-35	NAME	HINSON JR., JOE B				
STREET ADDRESS	1113 E DR ML KING JR BLVD		STREET ADDRESS	STREET ADDRESS 1113 E. DR M L KING JR BLVD				
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA, FL				
TITLE		☐ Delete	TITLE	1 min n, 1 i		: Change	Addition	
NAME	<u>'</u>		NAME			-		
STREET ADDRESS	•		STREET ADDRESS				ĺ	
CITY-ST-ZIP			CITY-ST-ZIP	1			1	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

REQUIREJÕE B HINSON,

01/11/2000 813-248-15<u>67</u>