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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716832 (1)
 1. Corporation Name
FLORIDA FEDERATION FOR SAFETY, INC



Principal Place of Business FLA FEDERATION OF SAFETY PO BOX 47723 ST PETERSBURG FL 33743-7723 US	Mailing Address FLA FEDERATION OF SAFETY PO BOX 47723 ST PETERSBURG FL 33743-7723 US
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3. Date Incorporated or Qualified 07/02/1969	3a. Date of Last Report 04/10/1996
4. FEI Number 59-1110631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**GARDINER, RON
1145 COURT ST
CLEARWATER FL 34616**

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 *Ronald Gardiner* **3/31/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HOLLEY, JOEL R JOR	
STREET ADDRESS 1725 ART MUSEUM DR	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME GARDINER, RON	
STREET ADDRESS 1145 COURT ST	
CITY-ST-ZIP CLEARWATER FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME BURGNER, DOUG	
STREET ADDRESS 330 CHURCH STREET	
CITY-ST-ZIP BARTOW FL 33631	
TITLE TD	<input type="checkbox"/> DELETE
NAME O'NEILL, JAMES	
STREET ADDRESS 750 MAIN STREET	
CITY-ST-ZIP SAFETY HARBOR FL	
TITLE SVPD	<input checked="" type="checkbox"/> DELETE
NAME DOUGLAS, RON	
STREET ADDRESS 201 N. FRANKLIN ST. MC FTL0711	
CITY-ST-ZIP TAMPA FL 33601	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Cason, Milton C. Sr.	
1.3 STREET ADDRESS 2007 Sheffield Ct	
1.4 CITY-ST-ZIP Oldsmar, FL 34677	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Gardiner, Ron	
2.3 STREET ADDRESS 1145 Court St	
2.4 CITY-ST-ZIP Clearwater, FL 34616	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME O'Neill, James	
4.3 STREET ADDRESS 750 Main St	
4.4 CITY-ST-ZIP Safety Harbor FL 34695	
5.1 TITLE SPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Olds, James	
5.3 STREET ADDRESS 520 N. Lake Parker Ave	
5.4 CITY-ST-ZIP Lakeland, FL 33801	
6.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Wolghast, Marvin	
6.3 STREET ADDRESS 247 Birch Lane	
6.4 CITY-ST-ZIP Lakeland, FL 33813	

14. I do 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.

SIGNATURE: *Milton C. Cason* **Cason, Milton C. April 1, 1997 (813)462-6630 x298**

CR2E037 (9/96)