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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 716832**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**07/02/1969**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-1110631**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, CLIFTON E  
11298 53RD AVE N  
ST. PETERSBURG FL 33778**

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

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 **PD** ☐ DELETE  
NAME **WOLGAST, MARVIN**  
STREET ADDRESS **247 BIRCH LANE**  
CITY-ST-ZIP **LAKELAND FL 33860**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **BYE, RANDY**  
STREET ADDRESS **1515 N WESTSHORE BLVD**  
CITY-ST-ZIP **TAMPA FL 33607**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **BURGNER, DOUG**  
STREET ADDRESS **330 CHURCH STREET**  
CITY-ST-ZIP **BARTOW FL 33831**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **LEE, CLIFTON**  
STREET ADDRESS **6133 CENTRAL AVENUE**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CATON, DONALD**  
STREET ADDRESS **3300 BONNET CREEK ROAD**  
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **O'NEILL, JAMES**  
STREET ADDRESS **750 MAIN STREET**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Clifton E. Lee*  
**SIGNATURE REQUIRED**

**3/12/99**

**727-381-6783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)