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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L26571** **(4)**

1. Corporation Name
SEISMIC SAFETY PRODUCTS, INC.

Principal Place of Business	Mailing Address
9225 ULMERTON ROAD SUITE G LARGO FL 34641 US	P.O. BOX 6315 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3040065	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
8. This corporation has liability for [illegible] tax under S. 199.032, Florida Statutes ☐ Yes	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGILL, ROBERT L. 2174 KENT AVENUE W. CLEARWATER FL 34624	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 607.0502 and 607.1908, 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	MCGILL, ROBERT	12 NAME	
STREET ADDRESS	2174 KENT AVE. W.	13 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	MCGILL, JAMES C.	22 NAME	
STREET ADDRESS	4444 WEST CAP ROAD	23 STREET ADDRESS	
CITY ST ZIP	WHITES CREEK TN	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	☑ Change ☐ Addition
NAME	~~DIAZ, WILLIAM~~	32 NAME	
STREET ADDRESS	~~704 ROB ROY PLACE~~ DELETE	33 STREET ADDRESS	DELETE
CITY ST ZIP	~~TEMPLE TERRACE FL~~	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	KOHN, WADE L	42 NAME	
STREET ADDRESS	2059 ARBOR DR	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/29/95 (813) 588-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0458948 FP