

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005982

**Entity Name:** THE FIRE SAFETY HOUSE INC.

**Current Principal Place of Business:**

4024 HOLIDAY DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

PO BOX 18877  
PANAMA CITY BEACH, FL 32417

**FEI Number:** 26-3874361

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STOPKA, ROBERT  
4024 HOLIDAY DRIVE  
PANAMA CITY BEACH, FL 32408 US

*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:** ROBERT J. STOPKA

04/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STOKES, CHAD  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            SECRETARY  
Name            STOPKA, ROBERT J  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            DIRECTOR  
Name            GEARHEART, TONY  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            DIRECTOR  
Name            CLINKSCALES, MAYLON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            DIRECTOR  
Name            WRIGHT, LANDON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            DIRECTOR  
Name            LAVERY, ROBERT  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            DIRECTOR  
Name            BOWDEN, JASON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            DIRECTOR  
Name            LUCZAJ, BRANDON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J. STOPKA

**TREASURER**

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           STOPKA, BOB  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           FINN, DAVID  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408