

2017 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

03/15/2017

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 WRIGHT, SHANE
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, LONDON
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

03/15/2017

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 MCCLINTOCK, CHRIS
Address 4024 HOLIDAY DRIVE
City-State-Zip: PANAMA CITY BEACH FL 32408

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