

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000000725

**Entity Name:** SAFER DISTRIBUTORS, INC.

**Current Principal Place of Business:**

5970 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5970 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32216

**FEI Number:** 20-0551884

**Certificate of Status Desired:** No

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

LOUIS, SAFER  
4267 POINT LA VISTA RD. W.  
JACKSONVILLE, FL 32207 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            SAFER, LOUIS  
Address        4267 POINT LA VISTA RD. W.  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP  
Name            SAFER, THOMAS  
Address        4267 POINT LA VISTA RD. W.  
City-State-Zip: JACKSONVILLE FL 32207

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS SAFER

VP

01/10/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date