

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000011941

Entity Name: SAFETY AUTO CENTER, INC.**Current Principal Place of Business:**4722 PALM BEACH BLVD
FT MYERS, FL 33905**Current Mailing Address:**4722 PALM BEACH BLVD
FT MYERS, FL 33905 US**FEI Number:** 65-0398726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRALINSKI, STEVE J
4722 PALM BEACH BLVD
FT MYERS, FL 33905 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 PRES
Name GRALINSKI, STEVE JOWNER
Address 1623 COVINGTON MEADOWS CIRCLE
City-State-Zip: LEHIGH ACRES FL 33905

Title PRES
Name GRALINSKI, STEVE JOWNER
Address 1623 COVINGTON MEADOWS CIRCLE
City-State-Zip: LEHIGH ACRES FL 33936

Title VP
Name STUART, GRALINSKI POWNER
Address 1623 COVINGTON MEADOWS CIRCLE
City-State-Zip: LEHIGH ACRES FL 33936

Title VP
Name GRALINSKI, STUART POWNER
Address 1625 COVINGTON MEADOWS CIRCLE
City-State-Zip: LEHIGH ACRES FL 33936

Title PRES
Name STEVE, GRALINSKI JOWNER
Address 1623 COVINGTON MEADOWS CIRCLE
City-State-Zip: LEHIGH ACRES FL 33936

Title PRES
Name GRALINSKI, STEVEN JOWNER
Address 1623 COVINGTON MEADOWS CIRCLE
City-State-Zip: LEHIGH ACRES FL 33936

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: STEVE GRALINSKI

CO OWNER

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date