

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90126 002 ***150.00

0023600

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 464537

1. Corporation Name

DAYTONA FIRE & SAFETY EQUIPMENT, INC.

Principal Place of Business 179 CARSWELL AVENUE HOLLY HILL FL 32117	Mailing Address 179 CARSWELL AVENUE HOLLY HILL FL 32117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1974	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1555360	Applied For ☐ Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KING, LAWRENCE S. 179 CARSWELL AVENUE HOLLY HILL FL 32117				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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, LAWRENCE S.	1.2 NAME	
STREET ADDRESS	11 RAINTREE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, BARBARA A.	2.2 NAME	
STREET ADDRESS	3717 HUGH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POZNECKI, WILLIAM D.	3.2 NAME	
STREET ADDRESS	712 KRISTINA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 this 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, with all other like empowered.

SIGNATURE: Barbara Alice King, Corp. Secretary/Treasurer 2/5/99 (904) 252-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)