

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

1996 AUG 12 AM 11: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 531483 (6)  
1. Corporation Name  
ORLANDO SAFETY SUPPLY, INC.

Principal Place of Business Mailing Address  
5558 FORCE FOUR PARKWAY  
ORLANDO FL 32839-2968 5558 FORCE FOUR PARKWAY  
ORLANDO FL 32839-2968

3. Date Incorporated or Qualified 04/14/1977 3a. Date of Last Report 08/14/1995  
4. FEI Number 59-1780987 Applied For Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 1960 Brengle Ave. 26 1960 Brengle Ave.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Orlando, FL 28 Orlando, FL  
Zip Country Zip Country  
24 32808 25 USA 29 32808 30 USA

9. Name and Address of Current Registered Agent

CALCIATORE, JOHN M. (ESO.)  
111 NORTH ORANGE AVENUE  
SUITE 1700  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Cyrus Cox  
82 Street Address (P.O. Box Number is Not Acceptable) 174 Comstock Avenue  
83 Suite 101  
84 City Winter Park FL 85 Zip Code 32789

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 See Atch.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	EIDE, MARY	5558 FORCE FOUR PKWY	ORLANDO FL
SD	GREGORY, RANDI EIDE	5558 FORCE FOUR PKWY	ORLANDO, FL 00000
VD	EIDE, ROLLAND R	5558 FORCE FOUR PKWY	ORLANDO, FL 00000
TD	EIDE, ERIC	5558 FORCE FOUR PARKWAY	ORLANDO FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	Tom Hinson	1960 Brengle Ave.	Orlando FL 32808

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Hinson

7/31/96

(407) 297-0800

Date

Telephone Number

CR2E034 (3/96)

08282

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Orlando Safety  
Supply, Inc.

2. The name and street address of the registered agent and office is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Chris AC