

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT 20 PM 4: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **531483** (6)
1. Corporation Name
ORLANDO SAFETY SUPPLY, INC.

Principal Place of Business 1960 BRENGLE AVE. ORLANDO FL 32808	Mailing Address 1960 BRENGLE AVE. ORLANDO FL 32808
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/14/1977	3a. Date of Last Report 08/12/1996
				4. FEI Number 59-1780987	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COX, CYRUS 174 COMSTOCK AVENUE SUITE 101 WINTER PARK FL 32789				10. Name and Address of New Registered Agent 81 Name Tom Hinson 82 Street Address (P.O. Box Number is Not Acceptable) 1960 Brengle Avenue 83 84 City Orlando FL 85 Zip Code 32808	
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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 **Tom Hinson** *Tom Hinson - President* 8-8-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSON, TOM 1960 BRENGLE AVE. ORLANDO FL 32808 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	900002328433-2 -10/23/97--01104--014 ****165.00 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E034 (4/97)

PROTECT AMERICA/ORLANDO SAFETY

1960 BRENGLE AVE
ORLANDO, FL 32808
U.S.A

Phone 407-297-0800
Fax 407-297-7884

August 8, 1997

Division of Corporations
Annual Reports Section
P.O. Box# 1500
Tallahassee, Florida
32302-1500

Re: Document# 531483
Orlando Safety Supply, Inc.

Dear Sir:

Pursuant to a recent telephone conversation with a representative from your office, I am writing to you regarding the filing of the 1997 Profit Corporation Annual Report.

Recently we received a second request Annual Report form to file. We have carefully and thoroughly reviewed our files, and we have no record of ever receiving the initial form. If we did receive it, I can assure you that it would have been filed promptly as the form is very simple to complete.

During the telephone conversation, I was advised to send in the Annual Report along with a payment of \$165. (see enclosed) and this letter of explanation. We are fully complying with that suggestion in an effort for your office to understand the circumstances and to allow us to pay only the \$165. I can assure you that this will not happen again as we have already noted when next year's Annual Report is due.

I would appreciate your review of these circumstances. I look forward to hearing from you in the near future.

Thank you!!!!

Sincerely,



Tom Hinson, President for
Orlando Safety Supply, Inc.