

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sheila B. Northington
Secretary of State
DIV. OF CORP. REGISTRATIONS

APPROVED
AND
FILED

95 MAY -1 11:10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 612905 (0)

1. Corporation Name

H2S SAFETY SALES AND RENTALS, INCORPORATED

Principal Place of Business

4228 HWY 4
P.O. BOX 398
JAY FL 32565
US

Mailing Address

4228 HWY 4
P.O. BOX 398
JAY FL 32565
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/15/1979

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1869675

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, WILLIAM
813 EAST FIRST AVE.
JAY FL 32565**

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 607.02(1), (2), and 607.03(1), 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 607.02(1), Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	ST
2. NAME	HOLLEY, CHERYL
3. STREET ADDRESS	4918 PATTOCK PLACE
4. CITY, ST, ZIP	PACE FL
5. TITLE	P
6. NAME	JORDAN, WILLIAM P.
7. STREET ADDRESS	HIGHWAY 4 EAST
8. CITY, ST, ZIP	JAY FL
9. TITLE	VP
10. NAME	JORDAN, SHEILA
11. STREET ADDRESS	4918 PATTOCK PLACE
12. CITY, ST, ZIP	PACE FL
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information included 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 in an alternate with an address.

SIGNATURE:

Cheryl Holley
Cheryl Holley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

904-675-3181