

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 612905 (0)  
1. Corporation Name  
H2S SAFETY SALES AND RENTALS, INCORPORATED



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
03/15/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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 607.0502 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 of person submitting this report (agent and state treasurer)

Signature of Registered Agent (signature required for all filings)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
ST  
HOLLEY, CHERYL  
STREET ADDRESS  
4918 PATTOCK PLACE  
CITY-STATE-ZIP  
PACE FL

☐ DELETE

TITLE  
NAME  
P  
JORDAN, WILLIAM P.  
STREET ADDRESS  
HIGHWAY 4 EAST  
CITY-STATE-ZIP  
JAY FL

☐ DELETE

TITLE  
NAME  
VP  
JORDAN, SHEILA  
STREET ADDRESS  
4918 PATTOCK PLACE  
CITY-STATE-ZIP  
PACE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

13533 Chumuckla Hwy  
Jay, FL 32565

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

4-29-96

904 675-3181

CR2E034 (12/95)