

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000003800

1. Entity Name
SCHROTH SAFETY PRODUCTS CORP.



Principal Place of Business
1371 S.W. 8TH STREET,
UNIT # 3
POMPANO BEACH, FL 33069

Mailing Address
1371 S.W. 8TH STREET,
UNIT # 3
POMPANO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
13386 International Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: Legal Department

City & State

City & State
Jacksonville, FL

Zip

Country

Zip 32218

Country
USA

04242007

Chg-P

CR2E034 (12/06)

4. FEI Number
84-1233881

Applic For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRILLIOT, RONALD L P
1371 SW 8TH STREET,
UNIT # 3
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1207 Hayes Street
City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joyce L. Markley*
Signature, typed or printed name of registered agent and title if applicable.

Joyce L. Markley
as its agent

5/17/07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

500102717785

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRILLIOT, RONALD L	
STREET ADDRESS	1371 SW 8TH ST, UNIT # 3	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	V.P.	<input checked="" type="checkbox"/> Delete
NAME	SCHLUETER, JEFFREY J	
STREET ADDRESS	1371 SW 8TH ST, UNIT # 3	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHLUETER, JEFFREY J	
STREET ADDRESS	1371 SW 8TH ST, UNIT # 3	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRILLIOT, RONALD L	
STREET ADDRESS	1371 SW 8TH ST, UNIT # 3	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IAN GRAHAM	
STREET ADDRESS	13386 INTERNATIONAL PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	Exec V/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS DELLINGER	
STREET ADDRESS	5000 INTERSTATE 10 WEST	
CITY-ST-ZIP	SEALY, TX 77474	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN RICHTER	
STREET ADDRESS	9113 LE SAINT DRIVE	
CITY-ST-ZIP	FAIRFIELD, OH 45014	
TITLE	V/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H.D. GOFORTH	
STREET ADDRESS	13386 INTERNATIONAL PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON DUTTON	
STREET ADDRESS	9113 LE SAINT DRIVE	
CITY-ST-ZIP	FAIRFIELD, OH 45014	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MECREDY	
STREET ADDRESS	1386 INTERNATIONAL PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Graham

IAN GRAHAM, PRES./SECRETARY 4/26/2007 904-741-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 MAY 17 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**SCHROTH SAFETY PRODUCTS CORP
DOCUMENT # F00000003800**

CONTINUATION OF SECTION 11:

ADDITIONAL OFFICERS AND DIRECTORS:

**TITLE: D
NAME: GLENN HEIAR
ADDRESS: 13386 INTERNATIONAL PARKWAY
JACKSONVILLE, FL 32218**



CORPORATION SERVICE COMPANY

2/3

ACCOUNT NO. : 072100000032

REFERENCE : 904099 5144250

AUTHORIZATION

[Signature]

COST LIMIT \$ 550.00

ORDER DATE : May 17, 2007

ORDER TIME : 10:43 AM

ORDER NO. : 904099-005

CUSTOMER NO: 5144250

2007 ANNUAL REPORT

NAME: SCHROTH SAFETY PRODUCTS CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

RECEIVED
07 MAY 17 PM 12:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304