

**CORPORATION
ANNUAL REPORT
1995**

**Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F92000000178 (5)

95 APR 11 PM 8:15

1. Corporation Name
BREED TECHNOLOGIES, INC.

Principal Place of Business

**5300 OLD TAMPA HWY
LAKELAND FL 33811
US**

Mailing Address

**5300 OLD TAMPA HWY
LAKELAND FL 33811
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/10/1992

3a. Date of Last Report
04/18/1994

4. FEI Number
22-2767118

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**G-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
Charles J. Speranzella, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
5300 Old Tampa Hwy.

84 City
Lakeland,

FL

85 Zip Code
33811

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

Charles J. Speranzella, Jr.

Charles J. Speranzella, Jr., General Counsel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TESSITORE, GARY L.
STREET ADDRESS	5300 OLD TAMPA HWY
CITY - ST - ZIP	HOBE SOUND FL
TITLE	VCD
NAME	BREED, JOHNNIE C
STREET ADDRESS	434 SOUTH BEACH ROAD, JUPITER ISLAND
CITY - ST - ZIP	HOBE SOUND FL 33455
TITLE	P
NAME	MAGISTRALI, GIOVANNI
STREET ADDRESS	3253 STONEWATER DRIVE
CITY - ST - ZIP	LAKELAND FL 33803
TITLE	AS
NAME	BOYD, STUART D.
STREET ADDRESS	5300 OLD TAMPA HWY
CITY - ST - ZIP	LAKELAND FL
TITLE	VS
NAME	STOLBACH, RICHARD M
STREET ADDRESS	816 BAYSIDE DR
CITY - ST - ZIP	TAMPA FL
TITLE	Y
NAME	SCHAUFFERT, ARTHUR
STREET ADDRESS	5300 OLD TAMPA HWY
CITY - ST - ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman/President/Director ☒ Change ☐ Addition
1.2 NAME	Allen K. Breed
1.3 STREET ADDRESS	5300 Old Tampa Hwy
1.4 CITY - ST - ZIP	Lakeland, FL 33811
2.1 TITLE	Asst. Secretary ☒ Change ☐ Addition
2.2 NAME	Charles J. Speranzella, Jr.
2.3 STREET ADDRESS	5300 Old Tampa Hwy
2.4 CITY - ST - ZIP	Lakeland, FL 33811
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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:

Charles J. Speranzella, Jr.

Asst. Secretary

4/5/95

813-284-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Name