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 # **F93000002316 (8)**

1. Corporation Name

ENVIRONMENTAL AND SAFETY DESIGNS, INC.

Principal Place of Business	Mailing Address
5724 SUMMER TREES DR. MEMPHIS TN 38134	5724 SUMMER TREES DR. MEMPHIS TN 38134

3. Date Incorporated or Qualified: **05/18/1993**
3a. Date of Last Report: **07/17/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **58-1402235** ☐ 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

CALDWELL, BRIAN
2114 AIRPORT BLVD.
SUITE 1150
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COOP, PHILLIP G		1.2 NAME	
STREET ADDRESS	5724 SUMMER TREES DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38134		1.4 CITY-ST-ZIP	
TITLE	DVCS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SPEAKMAN, JAMES N		2.2 NAME	
STREET ADDRESS	5724 SUMMER TREES DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38134		2.4 CITY-ST-ZIP	
TITLE	DTVP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOWNING, JAMES M		3.2 NAME	
STREET ADDRESS	311 PLUS PARK BLVD., STE. 130		3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, MICHAEL A		4.2 NAME	
STREET ADDRESS	5724 SUMMER TREES DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		4.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STODDARD, PAUL V		5.2 NAME	
STREET ADDRESS	5724 SUMMER TREES DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		5.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WISE, CRAIG		6.2 NAME	
STREET ADDRESS	5724 SUMMER TREES DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		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 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: _____ Michael A. Wood, C.P.A. Vice President of Finance and Administration 2/8/96 901-372-7962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)