FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT



Jun 01 1008 8:00am

COF	RPORATION JAL REPORT	Sandra B.	Sandra B. Mortham Secretary of State			Secretary of State
1998 DIVISION OF COR					ONS	Secretary of State
DOCU 1. Corporation	MENT # F930000023	16				
EnSafe	Inc.					
Principal Plac	e of Business	Mailing Address				 [
5724 S	ummer Trees Orive	5724 Summer Tr	ees l	Dr:	ive	
Memphis, TN 38134 Memphis, TN 38			8134	1 3 4 DO NOT WRITE IN THIS SPACE		
		,				3. Date Incorporated or Qualified 5 – 18 – 93
2. Principal F	Place of Business	2a. Mailing Address	·			4. FEI Number Applied For
21		26				58-1402235 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & Stat	е	City & State	City & State			Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curren		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				81	Name	
Caldwell, Brian					ddress (P.O. Box Number is Not Acceptable)	
2114 Airport Road						
Suite 1150 Pensacola, FL 32504				83	ı	
rensac 1	ola, FL 32504		ı	84	City	FI 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 coffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appoil agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE		· · · · · · · · · · · · · · · · · · ·				
12.	Signature typed or printed nation of trigistered apr OFFICERS ANI		Registerer	1 Age	nt signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCP	DELETE	1.5 10	ILE		Change Addition
name	Coop, Phillip G.		1.2 NAME			
STREET ADDRESS			1.3 SŦ	REET	ADDRESS	
CITY-ST-ZIP	Memphis, IN 38134 1.4		1.4 CI		I - ZIP	
TITLE	DVCS	☐ DELETE				Change Addition
NAME	Speakman, James N.		22 NA		ADDOCCO	
STREET ADDRESS CITY-ST-ZIP	1 2124 Sommer (Lees Drive		2.40		ADDRESS II-7IP	
TITLE			3.1 TIT		· · · · ·	☐ Change ☐ Addition
NAME			3.2 NA	ME	1	
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	Delete		3 4. CITY-ST-7IP			Change Addition
TITLE	DVF			4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
NAME Stoddard, Paul V. STREET ADDRESS 5724 Summer Trees D			4.2 NAME 4.3 STREET ADDRESS		ADOREGG	
STREET ADDRESS 5724 Summer Trees Dr CITY-ST-ZIP Memphis, TN 38134		rive	4.4 CITY-ST-ZIP			
TITLE	DVP			5.1 TITLE		Change Addition
NAME Wise, Craig			52 NAME		}	100002543591
STREET ADDRESS 5724 Summer Trees Di		rive	5.3 STREET ADDR		i i	-06/02/9801020018
CITY-ST-ZIP			5.4 CITY - ST - ZIP 6.1 TITLE		- 7(P	***150.00 □ Change □ Addition
TITLE NAME		☐ OELETE	6.1 111 6.2 NA			☐ Change ☐ Addition
STREET ADDRESS					ADDRESS	(%) /

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 convert included 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 any attachment with an address.