

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003529 (5)

1. Corporation Name

NATIONAL SAFETY MANAGEMENT, INC.



Principal Place of Business

P. O. BOX 2368
LAKE WALES FL 33859-2368

Mailing Address

P. O. BOX 2368
LAKE WALES FL 33859-2368

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
02/20/1995

2. Principal Place of Business
21 250 E. Park Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State
23 Lake Wales, FL

27 City & State

24 Zip
33853

25 Country

29 Zip

30 Country

4. FEI Number
59-3189890

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME STEVENS, KENNETH W
STREET ADDRESS 244 E PARK AVE
CITY-ST-ZIP LAKE WALES FL

TITLE VP
NAME GILBERT, BRUCE J
STREET ADDRESS 244 E PARK AVE
CITY-ST-ZIP LAKE WALES FL

TITLE ST
NAME BROOKS, ALLAN F
STREET ADDRESS 244 E PARK AVE
CITY-ST-ZIP LAKE WALES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Lunsford, Bobby R.
1.3 STREET ADDRESS 251 E. Park Avenue
1.4 CITY-ST-ZIP Lake Wales, FL 33853

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Secretary
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer
4.2 NAME Borglund, Terry R.
4.3 STREET ADDRESS 244 E. Park Avenue
4.4 CITY-ST-ZIP Lake Wales, FL 33853

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan F. Brooks, Secretary

02/01/96 (941)676-1681

Date

Daytime Phone #

CR2E034 (12/95)