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TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

500001464275  
-04/25/95--01086--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: INTERNATIONAL SAFETY PROTECTION INCORPORATED  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BUDDY SUTTON  
(Name of Person)  
INTERNATIONAL SAFETY PROTECTION INCORPORATED  
(Firm/Company)  
4206 ENTERPRISE AVE  
(Address)  
NAPLES, FLORIDA 33942  
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

GARY BRYANT at (813) 435-0911  
(Name of Person) Area Code & Daytime Telephone Number

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COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. INTERNATIONAL SAFETY PROTECTION INCORPORATED  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. OHIO 3. 31-1210527  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 10, 1986 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5-1-95  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.105, F.S.))

7. INTERNATIONAL SAFETY PROTECTION INCORPORATED  
4206 ENTERPRISE AVE NAPLES FLORIDA 33942  
(Current mailing address)

8. SALES AND WAREHOUSE OFFICES  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: BUDDY SUTTON

Office Address: 4206 ENTERPRISE AVE SUITE 8  
NAPLES FL, Florida, 33942  
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Buddy Sutton  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOHN K PURVIS

Address: 361 TRADEWINDS AVE  
NAPLES, FLORIDA 33963

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: JOHN K PURVIS

Address: 361 TRADEWINDS AVE  
NAPLES, FLORIDA 33963

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

John K Purvis Chairman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

JOHN K PURVIS CHAIRMAN / PRESIDENT  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE.

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*I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show INTERNATIONAL SAFETY PROTECTION INCORPORATED, an Ohio Corporation, Charter No. 691160, having its principal location in Fairfield, County of Butler, was incorporated on December 10, 1986, is currently in GOOD STANDING upon the records of this office.*

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WITNESS my hand and official  
seal at Columbus, Ohio this  
12th day of April, A.D. 1995

*Bob Taft*

Bob Taft  
Secretary of State