

**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 # **H49124** (1)

1. Corporation Name  
**ORIGINAL SAFETY LINE PLUS, INC.**



Principal Place of Business  
**2701 E. LOUISIANA AVE.  
P.O. BOX 310136  
TAMPA FL 33610**

Mailing Address  
**2701 E. LOUISIANA AVE.  
P.O. BOX 310136  
TAMPA FL 33610**

3. Date Incorporated or Qualified **03/25/1985** 3a. Date of Last Report **05/16/1995**

|    |                                |                     |    |   |  |  |
|----|--------------------------------|---------------------|----|---|--|--|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 4. FEI Number<br><b>59-1366383</b>  | Applied For<br><input type="checkbox"/>                  | Not Applicable<br><input type="checkbox"/> |
| 22 | Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 27 | 5. Certificate of Status Desired  | <input type="checkbox"/>                                 | <b>\$8.75 Additional Fee Required</b>      |
| 23 | City & State                   | City & State        | 28 | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/>                                 | <b>\$5.00 May Be Added to Fees</b>         |
| 24 | Zip                            | Country             | 29 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|    |                                |                     | 30 |   |  |  |

**9. Name and Address of Current Registered Agent**

**WARD, DEMETRIA A.  
2701 E. LOUISIANA  
TAMPA FL 33610**

**10. Name and Address of New Registered Agent**

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

**FL**

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 re-registering)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WARD, JAMES E.</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2701 E. LOUISIANA</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WARD, DEMETRIA A.</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2701 E LOUISIANA AVE</b>               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WADE, LISA M.</b>                      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2701 E LOUISIANA</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 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: *Demetria A. Ward* **2-29-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)