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

PROFIT CORPORATION ANNUAL REPORT

Principal Piace of Business

2. Principal Place of Business

Suite, Apl. #, et.:

SIGNATURE:

City & State

2701 E.LOUISIANA AVE.

P.O.BOX 310136

TAMPA FL 33610

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # H49124**

ORIGINAL SAFETY LINE PLUS, INC.

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WARD, DEMETRIA A. 2701 E. LOUISIANA

TAMPA FL 33610

(1)

Mailing Address

P.O.BOX 310136

2701 E.LOUISIANA AVE.

TAMPA FL 33610-2141

2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

appears in Block 12 or Nock 13 if changed, or on an attachment with an address.

FILED Mar 19 1997 8:00am Secretary of State

	3. Date Incorporated or Qualified 03/25/1985	3a. Date o	f Last Report 1 996
	4. FEI Number		Applied For
	59-1366383		Not Applicable
	5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
	This corporation has liability for in Florida Statutes	ntangible tax i	
	10. Name and Address of New Reg	istered Ager	nt
Name			
Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
•			
City		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 are familiar with, and a cept the obligators of Section 607.0505, Florida Statutes. SIGNATURE My consequent to marke or regular to a agreed and this if appricable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ŠT THUE DELETE Change 1.1 TITLE Addition WARD, JAMES E. NAV 1.2 NAME 2701 E. LOUISIANA STREET ADOLESS 1.3 STREET ADDRESS TAMPA FL City - St - 7IP 1.4 CHY- S1-ZIP ☐ DELETE inte 2.1 TITLE Change Addition Ward, Demetria A. NAM: 2.2 NAME 2701 E LOUISIANA AVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL Oily - \$1 - 7/P 2 4 CITY-ST-ZIP 🔲 DELETE THE Change Addition 3 1 7 ITLE WADE, LISA M. NAME 3.2 NAME 2701 E LOUISIANA STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY ST ZE 34 CHY-ST-ZIP DELETE Hit Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COY SEAR 4.4 CITY - ST - ZIP DELETE Application Til, F 5.1 TITLE Change NAM 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY - \$1 - ZP 54 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition DAME 6.2 NAME STREET ACTORESS 6.3 STREET ADDRESS CITY - SJ - 76 64 CITY - ST - ZIP 14. I do hereby certly 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Country

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