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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K76700

(9)

CARLWOOD SAFETY, INC.

FILED
May 02 1997 8:00am
Secretary of State



Principal Place of Business 9225 ULMERTON RD STE 406 LARGO FL 34641 US		Mailing Address PO BOX 1528			3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1989 04/29/1996			
		LARGO FL 33779-1528 US						
Principal P	lace of Business	2a. Mailing Address	····		4. FEI Number	OWE		pplied For
		26			59-2938467		J	ot Applicab
Suite, Apt.	#, etc	Suite, Apt. #, etc.		····			<del></del>	Additional
		27			5. Certificate of Status Desired			equired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
L		28			Trust Fund Contribution			to Fees
Ζφ	Country	Zip	Country	•	8. This corporation has liability for it			s. 199.032,
l	25	29	30			Yes 🗌		
	9. Name and Address of Curr	rent Hegistered Agent	81	Name	10. Name and Address of New Rec	DISTORED AS	ent .	····-
	SON, LARRY E.		0	Name				
	5 ULMERTON RD		82	Street Add	lress (P.O. Box Number is Not Acceptable	le)		
STE			83					
LAR	GO FL 34641		53					
			84	City			85 Zip	Code
	· · · · · · · · · · · · · · · · · · ·				poration submits this statement for the p	FL	<u> </u>	
GNATURE	Signature, typed or printed name of registered	agent and the if applicable (NOT)	: Registered Ape	ant signature requ	lired when reinstating)	DATE		<del></del>
GNATURE P.		agent and use if applicable (NOTI	E: Registered Age	ent signature requ	lired when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
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4. Lide hereby 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 suppliemental 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 (3 if changed, or on an attachment with an address.

**SIGNATURE** 

IGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

V YSI/77

(813)556-6558