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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90094 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K76700**

1. Corporation Name  
**CARLWOOD SAFETY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 9225 ULMERTON RD  
 STE 406  
 LARGO FL ~~3404~~ 33771  
 US

Mailing Address  
 PO BOX 1528  
 LARGO FL ~~3404~~ 33779  
 US

3. Date Incorporated or Qualified  
**03/30/1989**

4. FEI Number  
**59-2938467**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ]

2a. Mailing Address

26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

9. Name and Address of Current Registered Agent

**WILSON, LARRY E.**  
**9225 ULMERTON RD**  
**STE 406**  
**LARGO FL ~~3404~~ 33771**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME **DP WILSON, LARRY E.**

STREET ADDRESS **9225 ULMERTON RD, STE 406**

CITY-ST-ZIP **LARGO FL**

TITLE [ ] DELETE

NAME **DST BARBER, CHARLES F.**

STREET ADDRESS **1550 S HIGHLAND AVE**

CITY-ST-ZIP **CLEARWATER FL**

TITLE [ ] DELETE

NAME **EVP WILSON, MARTHA L.**

STREET ADDRESS **9225 ULMERTON RD, STE 406**

CITY-ST-ZIP **LARGO FL**

TITLE [ ] DELETE

NAME [ ]

STREET ADDRESS [ ]

CITY-ST-ZIP [ ]

TITLE [ ] DELETE

NAME [ ]

STREET ADDRESS [ ]

CITY-ST-ZIP [ ]

TITLE [ ] DELETE

NAME [ ]

STREET ADDRESS [ ]

CITY-ST-ZIP [ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: *Larry E. Wilson* 2-8-99 (720) 536-5558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)