

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

FILED
Jul 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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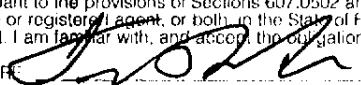
DOCUMENT # 1. Corporation Name	L01153 Saf T Lok Incorporated
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Principal Place of Business 18245 S.E. Federal Hwy Tegueste, FL 33469	Mailing Address Same
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2. Principal Place of Business 21 Same Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified April 13, 1993	3a. Date of Last Report May 1996
4. FEI Number 65-0142837	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

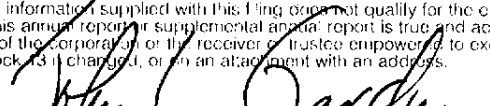
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Franklin William Brooks 82 Street Address (P.O. Box Number is Not Acceptable) 18245 S.E. Federal Hwy 83 84 City Tegueste 85 Zip Code FL 33469

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  Signature: Typed or printed name of registered agent and title if applicable	Franklin W. Brooks (NOTE: Registered Agent signature required when transferring)	6/26/97 DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/CEO Robert L. Gilbert III ☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P/CEO John L. Gardner 18245 S.E. Federal Hwy Tegueste, FL 33469 ☐ Change ☒ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do 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 in an attachment with an address.
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6/26/97 DATE	561-743-5625 Daytime Phone #
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CR2E034 (9/96)