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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17911 (3)
Corporation Name
OCCUPATIONAL SAFETY TRAINING, INC.

Principal Place of Business	Mailing Address
OC SPORTSMAN POINT VERNESS FL 32651	P.O. BOX 28 INVERNESS FL 32651-7028

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business: 3813 E Westwind Ct
22. Suite, Apt. #, etc.:
23. City & State: Inverness
24. Zip: 34453 25. Country: USA

2a. Mailing Address 26.
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: 34451 30. Country:

3. Date Incorporated or Qualified: 09/25/1989
4. FEI Number: 59-2971841 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BEAUDRY, JOHN G.
3813 EAST WEST WIND CT
INVERNESS FL 32650

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 34453

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BEAUDRY, JOHN G.		1.2 NAME	
STREET ADDRESS	140 C N. SPORTSMAN PT.		1.3 STREET ADDRESS	3813 E Westwind Ct
CITY-ST-ZIP	INVERNESS FL 34453		1.4 CITY-ST-ZIP	Inverness FL 34453
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BEAUDRY, SHARON K.		2.2 NAME	
STREET ADDRESS	140 C N. SPORTSMAN PT.		2.3 STREET ADDRESS	3813 E Westwind Ct
CITY-ST-ZIP	INVERNESS FL 34453		2.4 CITY-ST-ZIP	Inverness FL 34453
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: John A. Beaudry John A Beaudry 2/2/98 (352)3444320