

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

65 MAY -1 AM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L26571 (4)**  
 1. Corporation Name:  
**SEISMIC SAFETY PRODUCTS, INC.**

Principal Place of Business: **9225 ULMERTON ROAD SUITE G LARGO FL 34641 US**  
 Mailing Address: **P.O. BOX 6315 CLEARWATER FL 34618 US**

3. Date Incorporated or Qualified: **10/31/1989**  
 3a. Date of Last Report: **05/01/1994**  
 4. FEI Number: **59-3040065**  
 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 acceptable tax under S. 199-032, Florida Statutes:

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 25, 26, 27, 28, 29, 30  
 State Apt. #, etc.:  
 City & State:  
 Zip: County: Zip: County:

9. Name and Address of Current Registered Agent  
**MCGILL, ROBERT L.  
 2174 KENT AVENUE W.  
 CLEARWATER FL 34624**

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 607.0902 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 607.1508, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Person Authorized to Register)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DPS</b>	NAME: <b>MCGILL, ROBERT</b>	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2174 KENT AVE. W.</b>	CITY, ST, ZIP: <b>CLEARWATER FL</b>	12 NAME:	
TITLE: <b>DV</b>	NAME: <b>MCGILL, JAMES C.</b>	13 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>4444 WEST GAP ROAD</b>	CITY, ST, ZIP: <b>WHITES CREEK TN</b>	14 CITY, ST, ZIP:	
TITLE: <b>D</b>	NAME: <b>DIAZ, WILLIAM</b>	15 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>704 BOB ROX PLACE</b>	CITY, ST, ZIP: <b>TEMPLE TERRACE FL</b>	16 NAME:	
TITLE: <b>DV</b>	NAME: <b>KOHN, WADE L</b>	17 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2059 ARBOR DR</b>	CITY, ST, ZIP: <b>CLEARWATER FL</b>	18 CITY, ST, ZIP:	
TITLE:	NAME:	19 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	20 NAME:	
TITLE:	NAME:	21 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	22 CITY, ST, ZIP:	
TITLE:	NAME:	23 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	24 NAME:	
		25 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		26 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Robert L. McGill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 4/29/95 (813) 588-9393  
 DATE (Month/Day/Year) TELEPHONE NUMBER