

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005961

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** THE FLORIDA PROVIDERS FOR TRAFFIC SAFETY, INC.

**Current Principal Place of Business:**

1725 ART MUSEUM DR.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1725 ART MUSEUM DR.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-4762330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLEY, JOEL R JR.  
1725 ART MUSEUM DR.  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLLEY, CAROLYN S  
Address: 1725 ART MUSEUM DR.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD  
Name: HOLLEY, JOEL R JR  
Address: 1725 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD  
Name: GUILMET, THOMAS P  
Address: 427 N. PRIMROSE DR.  
City-St-Zip: ORLANDO, FL 32803

Title: VD  
Name: ADAMS, RICK  
Address: 5811 MEMORIAL HWY., SUITE 108  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. SUE HOLLEY

PD

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date