FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20355 (6)

1. Corporation Name

S.A.F.E., INC. (SHORES ACTION FORCE EYES)

Principal Place of Business	Mailing Address
COUNTRY CLUB VILLAGE FAIRWAY CIRCLE OCALA FL 34472 US	P.O. BOX 7112 OCALA FL 34472 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1987
3a. Date of Last Report: 01/21/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MURRAY, MARY
1121 HICKORY RD.
OCALA FL 34472

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: Mary C Murray TREAS — 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	NANCY LOMBARDI	1.2 NAME	Olga M. Pillot	
STREET ADDRESS	10 SPRING LAKE PL	1.3 STREET ADDRESS	7 Cedar Trail	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, Florida 34472	
TITLE	VP	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MOULSEED, E.G.	2.2 NAME	Elinor Gleet	
STREET ADDRESS	620-A FAIRWAY CIR.	2.3 STREET ADDRESS	477 Water Place	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, Florida 34472	
TITLE	T	3.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	MURRAY, MARY	3.2 NAME	Mary Murray	
STREET ADDRESS	1121 HICKORY RD.	3.3 STREET ADDRESS	1121 Hickory Road	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, Florida 34472	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	SEARS, ELDORIS	4.2 NAME	Robert Millett	
STREET ADDRESS	64C PINE TRACK APT 103A	4.3 STREET ADDRESS	598-B Bahia Circle	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, Florida 34472	
TITLE	S	5.1 TITLE	S	☐ Change ☐ Addition
NAME	HENRY, ROSE	5.2 NAME		
STREET ADDRESS	18 HICKORY TRACK WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	WILLIAMS, EDGERTON	6.2 NAME	Eugene Thompkins	
STREET ADDRESS	12 MIDWAY RD	6.3 STREET ADDRESS	15 Water Trace	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Ocala, Florida 34472	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065233