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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20355

1. Corporation Name

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

Principal Place of Business

S.A.F.E. INC.
FAIRWAY CIRCLE
OCALA FL 34472
US

DELETE

Mailing Address

493 OAK ROAD
OCALA FL 34472
US



2. Principal Place of Business
S.A.F.E. INC.

2a. Mailing Address
493 OAK ROAD

3. Date Incorporated or Qualified
04/27/1987

21 Suite, Apt. #, etc.
493 OAK ROAD.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State
OCALA, FL.

27 City & State
OCALA, FL.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip
34472 Country
USA

28 Zip
34472 Country
U.S.A.

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

XX DELETE

**EDELMAN, PENNY
51 HICKORY TRACK WAY
OCALA FL 34472-2463**

10. Name and Address of New Registered Agent

81 Name
KEN BURT

82 Street Address (P.O. Box Number is Not Acceptable)
2 PECAN PASS DRIVE

83

84 City
OCALA, 34472

FL

85 Zip Code
34472

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **KEN BURT** **MARCH 19, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GIL HANLON**
STREET ADDRESS **6 HICKORY TRACK RUN**
CITY-ST-ZIP **OCALA FL**

TITLE **VP** ☐ DELETE
NAME **EDWARD MCQUEEN**
STREET ADDRESS **15 BAHIA PASS TRACK**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ DELETE
NAME **MURRAY, MARY**
STREET ADDRESS **1121 HICKORY RD.**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ DELETE
NAME **BURT, KEN**
STREET ADDRESS **2 PECAN PASSS DRIVE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☒ DELETE
NAME **GEORGE CLARK**
STREET ADDRESS **3 SILVER COURSE**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **DICK HOGE**
STREET ADDRESS **7 HICKORY TRACK WAY**
CITY-ST-ZIP **OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D WILLIAM GEROULO**
3.3 STREET ADDRESS **7947-MIDWAY DRIVE TER**
3.4 CITY-ST-ZIP **OCALA, FL. 34472**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D LEE BENEDICT**
4.3 STREET ADDRESS **507 SPRING LAKE ROAD**
4.4 CITY-ST-ZIP **OCALA, FL. 34472**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D THELMA SHERROD**
5.3 STREET ADDRESS **9 BAHIA COURT TRACK**
5.4 CITY-ST-ZIP **OCALA, FL. 34472**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 19, 1999 352-680-1653

Date

Daytime Phone #

0070408

CR2F037 (11/98)