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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N41602**

1. Corporation Name
FLORIDA OPERATION LIFESAVER, INC.

Principal Place of Business	Mailing Address
% AAA FLORIDA TRAFFIC SAFETY 1000 AAA DRIVE - BOX 78 HEATHROW FL 32746-5080 US	% AAA FLORIDA TRAFFIC SAFETY 1000 AAA DRIVE - BOX 78 HEATHROW FL 32746-5080 US

2. Principal Place of Business	2a. Mailing Address
21 Florida Dept. of Transportation	26 Florida Dept. of Transportation
Suite, Apt. #, etc. 22 605 Suwannee St, MS 25	Suite, Apt. #, etc. 27 605 Suwannee St., MS 25
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32399-0450 25 US	Zip / Country 29 32399-0450 30 US

3. Date Incorporated or Qualifed: 01/10/1991

4. FEI Number: 59-3086432 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HERBST, NATHALIE
1000 AAA DRIVE - BOX 78
BOX 78
HEATHROW FL 32746-5080

10. Name and Address of New Registered Agent

81 Name: Emily Rockenstein
82 Street Address (P.O. Box Number is Not Acceptable): 605 Suwannee Street, MS. 25
83
84 City: Tallahassee FL 85 Zip Code: 32399-0450

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: Emily Rockenstein — Signature, typed or printed name of registered agent and title if applicable. State Coordinator (NOTE: Registered Agent signature required when reinstating) DATE: 2/10/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HERBST, NATHALIE		1.2 NAME	Emily Rockenstein	
STREET ADDRESS	1000 AAA DRIVE		1.3 STREET ADDRESS	605 Suwannee St., MS 25	
CITY-ST-ZIP	HEATHROW FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32399-0450	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LYNN		2.2 NAME		
STREET ADDRESS	500 WATER STREET J260		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERRIOS, NELSON		3.2 NAME		
STREET ADDRESS	601 15TJ ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL 33401		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		

CR2E037 (11/98)

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

02-22-99 — Date

800.342-1131 Ext 5271 — Daytime Phone #