

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N48490  
 1. Corporation Name  
**FLORIDA SAFETY FOUNDATION, INC.**

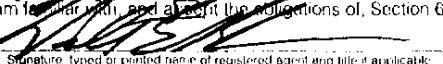
Principal Place of Business <b>1390 Main Street Sarasota, FL 34236</b>	Mailing Address <b>1390 Main Street Sarasota, FL 34236</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>4/22/92</b>	3a. Date of Last Report <b>4/24/96</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0387526</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
 BROWN, DARYL J.  
 1800 Second Street  
 Sarasota, FL 34236

**10. Name and Address of New Registered Agent**  
 81 Name: **Riehemann, Walter E.**  
 82 Street Address (P.O. Box Number is Not Acceptable):  
**1390 Main Street**  
 83  
 84 City: **Sarasota** FL 85 Zip Code: **34236**

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:  DATE: **4/25/97**

**12. OFFICERS AND DIRECTORS**

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMEL, EDWARD J.	
STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALONE, JAMES A.	
STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALL, THOMAS S.	
STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**100002200611**  
**-06/04/97--01002--017**  
**\*\*\*122.50**

14. I do 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 this 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, unchanged, or on an attachment with an address.

**SIGNATURE:**  DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES A. MALONE**

CR2E037 (9/96)