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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N93000001920 (8)**

1. Corporation Name
SAFE SUMMER CELEBRATION, INC.

Principal Place of Business	Mailing Address
1405 WEST FAIRBANKS AVE. WINTER PARK FL 32789	1405 WEST FAIRBANKS AVE. WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1993
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-3178444 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

21 Principal Place of Business	26 Mailing Address: P.O. BOX 1084
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: WINTER PARK, FL
24 Zip	25 Country
	29 Zip: 32790
	30 Country: ORANGE

9. Name and Address of Current Registered Agent

ROBINSON & ASSOCIATES P.A.
1405 WEST FAIRBANKS AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 85 Zip Code: FL

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	WILLIAMS, LARRY	12 NAME	
13 STREET ADDRESS	201 MONROE AVE., #45-A	13 STREET ADDRESS	
14 CITY ST ZIP	MAITLAND FL 32751	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	HAWKINS, WALTER	22 NAME	
23 STREET ADDRESS	527 PORTLAND CIR	23 STREET ADDRESS	
24 CITY ST ZIP	APOPKA FL	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	ROBINSON, GLORIA J	32 NAME	
33 STREET ADDRESS	725 LAUREL WAY	33 STREET ADDRESS	
34 CITY ST ZIP	CASSELBERRY FL 32707	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Gloria J. Robinson — 6-28-95 — 407-645-5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gloria J. Robinson
Date — Telephone Number

0012740