


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000007064 (5)**

1. Corporation Name

THE SAFETY MARKETING GROUP, INC.



Principal Place of Business 730 ATLANTIC AVENUE ORMOND BEACH FL 32716	Mailing Address 730 ATLANTIC AVENUE ORMOND BEACH FL 32716
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3. Date Incorporated or Qualified
12/19/1997

4. FEI Number
APP For

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HARPER, RICHARD P
730 ATLANTIC AVENUE
ORMOND BEACH FL 32716**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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	<input type="checkbox"/> DELETE
NAME	D MURRAY, JON C
STREET ADDRESS	5510 E. MARGINAL WAY S
CITY-ST-ZIP	SEATTLE WA 98134
TITLE	<input type="checkbox"/> DELETE
NAME	D MULHALL, ROB
STREET ADDRESS	901 MEREDITH WAY
CITY-ST-ZIP	SPARKS NV 89431
TITLE	<input type="checkbox"/> DELETE
NAME	D GLADWISH, ROBERT SR
STREET ADDRESS	1166 MICHENER ROAD
CITY-ST-ZIP	SARNIA, ONTARIO N7S 4B1
TITLE	<input type="checkbox"/> DELETE
NAME	D KINGSMAN, ROBERT
STREET ADDRESS	29 GILLESPIE ROAD
CITY-ST-ZIP	CHARLTON MA 01566-0532
TITLE	<input type="checkbox"/> DELETE
NAME	D SVEC, JOHN
STREET ADDRESS	939 EAST 62ND AVENUE
CITY-ST-ZIP	DENVER CO 80216
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 amendment with an address.

SIGNATURE:

[Signature] REQUIRED

4/28/98

CR2E037 (10/97)