


APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0078167

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000002492			
1. Corporation Name THE STROTHER SAFETY NET, INC.			
Principal Place of Business 316 EDGEWATER DRIVE PENSACOLA FL 32507		Mailing Address 316 EDGEWATER DRIVE PENSACOLA FL 32507	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1998	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-3513778	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FARRAR, GREGORY P ESQ. 109 N. PALAFOX STREET PENSACOLA FL 32501	81	Name	
	82	Street Address (P.O. Box Number Is Not Acceptable)	
	83		
	84	City	85

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, CAROLYN	1.2 NAME	400003006374--3
STREET ADDRESS	205 BILLS PLACE	1.3 STREET ADDRESS	-10/05/99--01105--014
CITY-ST-ZIP	PENSACOLA FL 32507	1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINDINGER, TAMMY MAE	2.2 NAME	
STREET ADDRESS	5924 B. WARE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT CARSON CO 80913	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLCHENBERGER, JENNIFER	3.2 NAME	
STREET ADDRESS	318 EDGEWATER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: C. S. [Signature] REQUIRED

Sept. 23, 1999 850-455-0686
Date Devtime Phone #