

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90079 028 ****61.25

DOCUMENT # N98000002659

1. Corporation Name

FLORIDA SAFETY NETWORK INC.

Principal Place of Business

11661 LABRADOR LANE
NAPLES FL 34114

Mailing Address

11661 LABRADOR LANE
NAPLES FL 34114



2. Principal Place of Business

21 **8807 Tamiami Tr. E.**

Suite, Apt. #, etc.

22 **Lely Plaza**

City & State

23 **Naples, FL**

Zip Country

24 **34113** 25

2a. Mailing Address

26 **8807 Tamiami Tr. E.**

Suite, Apt. #, etc.

27 **Lely Plaza**

City & State

28 **Naples, FL**

Zip Country

29 **34113** 30

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

59-3506875

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

9. Name and Address of Current Registered Agent

McKEAN, BARBARA
11661 LABRADOR LANE
NAPLES FL 34114

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE **D**
NAME **FARRAR, KATHERINE T**
STREET ADDRESS **694 PALM AVE. W.**
CITY-ST-ZIP **GOODLAND FL 34140**

TITLE **D**
NAME **NELSON, SANDRA**
STREET ADDRESS **11781 LAERTES LANE**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D**
NAME **BRATTON, RULIFF A**
STREET ADDRESS **953 COCONUT CIRCLE W.**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D**
NAME **BRATTON, RULIFF A**
STREET ADDRESS **953 COCONUT CIRCLE W.**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D**
NAME **BRATTON, RULIFF A**
STREET ADDRESS **953 COCONUT CIRCLE W.**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D**
NAME **BRATTON, RULIFF A**
STREET ADDRESS **953 COCONUT CIRCLE W.**
CITY-ST-ZIP **NAPLES FL 34104**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 OF OFFICER OR DIRECTOR
Sandra A. Nelson

Date

Daytime Phone #

04/14/99 941-417-5454

CR2E037 (11/98)