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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000011438 (8)

1. Corporation Name

APT SAFETY, INCORPORATED

Principal Place of Business

Mailing Address

814 S.E. 48TH LANE
CAPE CORAL FL 33906

P.O. BOX 674
CAPE CORAL FL 33910



DO NOT WRITE IN THESE SPACES

3. Date Incorporated or Qualified

12/11/1992

4. FEI Number

65-0378940

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TESTASECCA, JAMES

~~64 4TH ST.~~

432 SW 38th ST

~~A-100~~

BONITA SPRINGS FL 33923

Cape Coral, FL 33914

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 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

James Testasecca, President

4/27/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TESTASECCA, JAMES

STREET ADDRESS 64 4TH ST A-100

CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME TESTASECCA, BEVERLY

STREET ADDRESS 64 4TH ST A-100

CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME POSEY, HENRY O

STREET ADDRESS 4720 SW 11 CT

CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME ALMAND, WILLIAM L III

STREET ADDRESS 607 LIMONA ROAD

CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ DELETE

NAME ALMAND, DEANNA

STREET ADDRESS 607 LIMONA ROAD

CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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

SIGNATURE

CR2E034 (10/97)