

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90080 011 \*\*\*150.00

DOCUMENT # P92000011438

1. Corporation Name

APT SAFETY, INCORPORATED

Principal Place of Business

814 S.E. 46TH LANE  
CAPE CORAL FL 33906

Mailing Address

P.O. BOX 674  
CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TESTASECCA, JAMES  
432 SW 38TH ST  
CAPE CORAL FL 33914

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 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* - James Testasecca

DATE

4-14-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TESTASECCA, JAMES

STREET ADDRESS 432 SW 28TH ST

CITY-ST-ZIP CAPE CORAL FL 33914

TITLE S ☐ DELETE

NAME TESTASECCA, BEVERLY

STREET ADDRESS 432 SW 28TH ST,

CITY-ST-ZIP CAPE CORAL FL 33914

TITLE V ☐ DELETE

NAME POSEY, HENRY O

STREET ADDRESS 4729 SW 11 CT

CITY-ST-ZIP CAPE CORAL FL 33914

TITLE V ☐ DELETE

NAME ALMAND, WILLIAM L III

STREET ADDRESS 11911 SHADOW RUN BLVD

CITY-ST-ZIP RIVERVIEW FL 33569

TITLE V ☐ DELETE

NAME ALMAND, DEANNA

STREET ADDRESS 11911 SHADOW RUN BLVD

CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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:

*James Testasecca* - James Testasecca

4-14-99

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0448651

CR2E034 (11/98)