

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008029 (9)

1. Corporation Name:

SAFE FUELING EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1993
3a. Date of Last Report 05/01/1994

4. FEI Number 59-3165132
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

EDWARDS, JOANNE T
4700 LIME ST
COCOA FL 32926

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 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

Signature of registered agent or person authorized to file this statement

NOTE: Registered Agent signature required after this filing

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME EDWARDS, JOANNE T
3. STREET ADDRESS 4700 LIME ST
4. CITY, ST, ZIP COCOA FL 32926

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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 owner 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:

Joanne Edwards 4/18/95 407 639-8646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR