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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300008029

SAFE FUELING EQUIPMENT, INC.

FILED Jan 29, 1999 8:00am Secretary of State

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ROCKLEDGE	FL 32955	US					DO NOT WRIT	E IN THIS S	PAUE	
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— ·	Place of Business	—	Mailing Address				4. FEI Number		<u> </u>	plied For
21		26	0.32 4.4 4.				59-3165132			t Applicable
Suite, Apt	#, etc.	— i	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	4	27	O O					•		
City & Sta	ite	-	City & State				6. Election Campaign Financing		\$5.00	
23 Time	Country	28	7in	Cour	ntnr		Trust Fund Contribution		Added t	io rees
Zip	Country		Zip	Cou	rių y		8. This corporation owes the curre		ngible ∐Yes	□No
24	25	29	lored Agent :	30			Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Curre	nt Regist	инеа Аделт		81	Name	IU. Name and Address of New Ri	ryistereu A	Acui	
γΔρ	RDLEY, THOMAS H	* * * * * * * * * * * * * * * * * * * *	- ·		ٔ اِتَا	(anno				
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	COA FL 32922	, :			83				小型 清洁	
CO	OOM I L DESEE	h,	•		84	City	- Lind Walder and Inc.		85 Zip (Code
								<u> </u>		
11. Pursuant	t to the provisions of Sections 607.05	02 and 60)7.1508, Florida Stati	utes, the at	oove-n	named corpo	ration submits this statement for the p	urpose of cl	hanging its ment as re	registered gistered
agent. I a	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar witt, and accept the oblid	ations of,	Section 607.0505, FI	Torida Statu	ites.	.o oo porador	. Desire of anothers, i foreby accept	appoint		g.3.0.0 0
SIGNATURE	1 7 4 ~ ~ 1	S	1				// J	im 49	9	•
	Signature, typed or printed name of registered age				Agent si	ignature required	when reinstating)	DATE		
12.	OFFICERS A	ND DIREC	OTORS.	13.			ADDITIONS/CHANGES TO OFF	ICCDS AND	DIRECTO	RS IN 12
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14. Thereby 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:

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11 Jan 99 633-

CR2F034 (11/98)