FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:44

DOCUMENT # **P93000014947 (4)**

1. Corporation Name
GARAGE SAFETY, INC.

Principal Place of Business	Mailing Address
4911 3RD AVE NW NAPLES FL 33999	4911 3RD AVE NW NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0411247 ☐ 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

9. Name and Address of Current Registered Agent

CATALANO FISHER GREGORY & CROWN CHARTERED
4001 TAMIAMI TRAIL NO
SUITE 404
NAPLES FL 33940

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	KILLAN, THOMAS E.	12 NAME	THOMAS W. GAFFNEY	
STREET ADDRESS	6950 HUNTERS ROAD	13 STREET ADDRESS	4911 3rd Avenue NW	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples FL 33999	
TITLE	VP	21 TITLE		☒ Change ☐ Addition
NAME	GAFFNEY, THOMAS W.	22 NAME	THOMAS E. KILLAN	
STREET ADDRESS	4911 3RD AVENUE NW	23 STREET ADDRESS	6950 Hunters Road	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples FL 33999	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	KILLEN, MARIANNE I.	32 NAME		
STREET ADDRESS	6950 HUNTERS ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	GAFFNEY, MARY-ANNE	42 NAME		
STREET ADDRESS	4911 3RD AVENUE NW	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BAKER, PHILIP E.	52 NAME		
STREET ADDRESS	11748 NIGHT HERAN DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(k), 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: Mary-Anne Gaffney 4-10-95 813-261-6102
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Mary-Anne Gaffney

0332018 CP