

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 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90094 034 \*\*\*150.00

**DOCUMENT # P93000014947**

1. Corporation Name  
**GARAGE SAFETY, INC.**



Principal Place of Business

2316 PINE RIDGE RD  
STE 441  
NAPLES FL 34109  
US

Mailing Address

2316 PINE RIDGE RD  
STE 441  
NAPLES FL 34109  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1993

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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

(NOT Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

GAFFNEY, THOMAS W

6867 SATIN LEAF RD SO, 103

NAPLES FL 34109

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

KILLAN, THOMAS E.

6950 HUNTERS ROAD

NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

KILLEN, MARIANNE I.

6950 HUNTERS ROAD

NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

GAFFNEY, MARY-ANNE

6867 SATINLEAF RD SO, 103

NAPLES FL 34109

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BAKER, PHILIP E.

11748 NIGHT HERAN DRIVE

NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

4-19-99

Date

941-596-0233

Daytime Phone #

CR2E034 (1/98)

0463684