

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

FILED
Apr 21 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P93000056868 (1)**

1. Corporation Name
GUARDIAN PRODUCTS, INC.

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| Principal Place of Business 2477 STICKNEY POINT RD STE 107B SARASOTA FL 34231 | Mailing Address 2477 STICKNEY POINT RD STE 107B SARASOTA FL 34231-4069 |
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|---|---|
| 2. Principal Place of Business 21 4121 CENTER GATE BLVD Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip 24 34233 Country 25 USA | 2a. Mailing Address 26 5824 BEE RIDGE RD. Suite, Apt. #, etc. 27 SUITE 304 City & State 28 SARASOTA FL Zip 29 34233 Country 30 USA |
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|---|--|
| 3. Date Incorporated or Qualified 08/12/1993 | 3a. Date of Last Report 04/17/1996 |
| 4. FEI Number 65-0424127 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**DAVIS, GARY R
2477 STICKNEY POINT RD
STE 107B
SARASOTA FL 34231**

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|--|
| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4121 CENTER GATE BLVD 83 84 City SARASOTA FL 85 Zip Code 34233 |
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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 *Gary Davis* **GARY DAVIS** **4/15/97**
Signature of person changing name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE DP | <input type="checkbox"/> DELETE |
| NAME DAVIS, GARY R | |
| STREET ADDRESS 2477 STICKNEY POINT RD #107B | |
| CITY-ST-ZIP SARASOTA FL | |
| TITLE DV | <input type="checkbox"/> DELETE |
| NAME DAVIS, WENDY | |
| STREET ADDRESS 4112 VALLARTA CT | |
| CITY-ST-ZIP SARASOTA FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4121 CENTER GATE BLVD |
| 1.4 CITY-ST-ZIP | SARASOTA, FL 34233 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4121 CENTER GATE BLVD |
| 2.4 CITY-ST-ZIP | SARASOTA, FL 34233 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE *Gary Davis* **GARY DAVIS** **4/15/97** **941 379-3123**

CR2E034 (9/96)