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

APPROVED AND FILED
95 MAY -1 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034654 (1)**

1. Corporation Name
ALLSAFE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6325 PRESIDENTIAL COURT SUITE 8 FORT MYERS FL 33919	6325 PRESIDENTIAL COURT SUITE 8 FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0496484 ☐ 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

MINIX, TRAVIS
3691 WINKLER AVENUE, #822
FORT MYERS FL 33916
(No change)

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] TRAVIS MINIX 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V	☒ Change ☐ Addition
NAME	MINIX, TRAVIS W.	12 NAME	MINIX, TRAVIS W.	Title Change only
STREET ADDRESS	3691 WINKLER AVENUE #822	13 STREET ADDRESS	3691 WINKLER AVE. #822	
CITY-ST-ZIP	FORT MYERS FL 33916	14 CITY-ST-ZIP	FORT MYERS, FL. 33916	
TITLE	D	21 TITLE	S/T	☒ Change ☐ Addition
NAME	SAGE, DOUGLAS A	22 NAME	SAGE, DOUGLAS A.	Title Change only
STREET ADDRESS	1717 N.E. 3RD AVENUE	23 STREET ADDRESS	1717 N.E. 3RD AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33990	24 CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE	D	31 TITLE	P	☒ Change ☐ Addition
NAME	SPEARS, MERWIN P	32 NAME	SPEARS, MERWIN P.	Title Change only
STREET ADDRESS	508 S.E. 33RD STREET	33 STREET ADDRESS	508 S.E. 33RD STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	34 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Merwin Spears 4/21/95 813-432-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MERWIN SPEARS

0883870 CP