

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998.
AMOUNT DUE ON OR BEFORE JULY 1, 1998: (\$225 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000049477 (0)

1. Corporation Name

SAFETY THROUGH EDUCATION PROGRAMS, INC.

Principal Place of Business

1980 14TH ST. NW
WINTER HAVEN FL 33881-1319

Mailing Address

1980 14TH ST. NW
WINTER HAVEN FL 33881-1319

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

4. FEI Number

59-3256198 181412

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. 189.032,
Florida Statutes

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

30 Country

9. Name and Address of Current Registered Agent

EHMLE, STELLA
733 W. LUMSDEN RD.
BRANDON FL 33511

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CAREY, THOMAS L
STREET ADDRESS 1980 14TH ST. NW
CITY-ST-ZIP WINTER HAVEN FL 33881-1319

TITLE DV
NAME CAREY, KEVIN R
STREET ADDRESS 1980 14TH ST. NW
CITY-ST-ZIP WINTER HAVEN FL 33881-1319

TITLE DST
NAME CAREY, BARBARA E
STREET ADDRESS 1980 14TH ST. NW
CITY-ST-ZIP WINTER HAVEN FL 33881-1319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(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:

Thomas L. Carey
Thomas L. Carey

July 9, 1995

(941)299 8425