

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000059709 (3)

1. Corporation Name

**SAFETY BY THE NUMBERS CORPORATION**



Principal Place of Business

Mailing Address

7221 JASMIN DRIVE  
NEW PORT RICHEY FL

7221 JASMIN DRIVE  
NEW PORT RICHEY FL

3. Date Incorporated or Qualified  
08/12/1994

3a. Date of Last Report  
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 7320 Pursley DR

26 7320 Pursley DR

22 Suite, Apt. #

27 Suite, Apt. #

23 New Port Richey FL

28 New Port Richey FL

24 City & State

29 City & State

25 34653

30 34653

26 Zip

27 Country

28 PASCO

29 PASCO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDS, JEFFERY SCOTT  
7221 JASMIN DRIVE  
NEW PORT RICHEY FL 34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

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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

Jeffery S. Olds Pres.

Jeffery S. Olds Pres.

4-27-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLDS, JEFFERY S	
STREET ADDRESS	7221 JASMIN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLDS, DEBORAH D	
STREET ADDRESS	7221 JASMIN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Jeffery S OLDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME	7320 Pursley DR	
1.3 STREET ADDRESS	New Port Richey FL 34653	
1.4 CITY-ST-ZIP		
2.1 TITLE	DEBORAH D. OLDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7320 Pursley DR	
2.3 STREET ADDRESS	New Port Richey FL 34653	
2.4 CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 813 849-6382

CR2E034 (12/95)