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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10: 16

DOCUMENT # **P94000067792 (9)**

1. Corporation Name
SAFETY APPLIANCE SERVICE INC.

Principal Place of Business	Mailing Address
143-B 7TH AVE. NORTH SAFETY HARBOR FL 34695	143-B 7TH AVE. NORTH SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: 9/12/94

2. Principal Place of Business	2a. Mailing Address
21 143 B 7TH AVE. NORTH	26 143 A-B 7TH AVE NORTH
Suite, Apt. #, etc. 22 SUITE A AND B	Suite, Apt. #, etc. 27 A & B
City & State 23 SAFETY HARBOR FL	City & State 28 SAFETY HARBOR FL
Zip / County 24 34695 / 25 PINELLAS.	Zip / County 29 34695 / 30 PINELLAS.

4. FEI Number: 62-14-184209-72 ☐ 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	10. Name and Address of New Registered Agent
EDWARDS, ARNOLD 143-B 7TH AVE. NORTH SAFETY HARBOR FL 34695	81 Name: ARNOLD A EDWARDS 82 Street Address (P.O. Box Number is Not Acceptable): 365 GLOUCESTER 83 84 City: SAFETY HARBOR FL 85 Zip Code: 34695

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: ARNOLD EDWARDS Pres. Arnold Edwards Pres. 7-30 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 / NAME / STREET ADDRESS / CITY-ST-ZIP: [redacted] → PRES & TREASURER / ARNOLD A EDWARDS PRES AND TREASURER / 365 GLOUCESTER / SAFETY HARBOR FL 34695	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP: PRES & TREASURER / ARNOLD EDWARDS / 365 GLOUCESTER / SAFETY HARBOR FL. 34695 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: CHRISTINE GREER / VICE PRES & SECTARY → / 365 GLOUCESTER / SAFETY HARBOR FL 34695	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP: SECRETARY-V.P. / CHRISTINE GREER / 365 GLOUCESTER / SAFETY HARBOR FL 34695 ☐ Change ☐ Addition
	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

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: Arnold Edwards Pres. ARNOLD EDWARDS PRES. 7-30-95 813 726 5840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0368304 CP