

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

CORPORATION:
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071992 (9)**

1. Corporation Name

TRAFFIC SAFETY DEVICES, INC.

Principal Place of Business

Mailing Address

PO BOX 60791
FT MYERS FL 33906-6791

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FT MYERS FL 33906-6791

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/27/1994** 3a. Date of Last Report **N/A**

4. FET Number 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 information tax under C. 130.005, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. #, etc.

26. State Apt. #, etc.

22. City & State

27. City & State

23. City

24. County

28. City

29. County

24. City

25. County

29. City

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRINSON, MELVILLE G III
1415 HENDRY ST
FT MYERS FL 33901**

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 607.0902 and 607.1909, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 provisions of Section 607.0905, Florida Statutes.

SIGNATURE

Melville G. Brinson

042895

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PRESIDENT	THOMAS A. PATTERSON	8494 CHARLTON CLUB CIR - #1806	FT MYERS, FL 33919
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
7. TITLE	7. NAME	7. STREET ADDRESS	7. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 130.005(b), Florida Statutes. I further certify that the information included on the 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 of Block 13 of this report or is an attachment with an address.

SIGNATURE:

Melville G. Brinson

042895

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