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FILED  
May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000089379 (9)

1. Corporation Name

AMERICAN FIRE SAFETY PRODUCTS, INC.

Principal Place of Business

Mailing Address

29656 US 19 N.  
STE. 220  
CLEARWATER FL 34621  
US

29656 US 19 N.  
STE. 220  
CLEARWATER FL 34621-1512  
US

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

12/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3284028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

HAMMER, HAL  
29656 U.S. HIGHWAY 19 N.  
TROPICANA INDUSTRIAL SUITE 200  
CLEARWATER FL 34621

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME PHILLIPS, DEBORAH S  
STREET ADDRESS 29656 US 19 N., #215  
CITY-ST-ZIP CLEARWATER FL 34621

TITLE D ☒ DELETE  
NAME ~~BENNER, ARTHUR~~  
STREET ADDRESS ~~6526 PINAFORE DRIVE~~  
CITY-ST-ZIP ~~NEW PORT RICHEY FL 34658~~

TITLE D ☐ DELETE  
NAME WILLIAMS, III, ERIC R  
STREET ADDRESS 2040 N.E. 39TH STREET  
CITY-ST-ZIP Ocala FL 34479

TITLE D ☐ DELETE  
NAME HAMMER, HAL  
STREET ADDRESS 13104 A QUIETWOODS ROAD  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE  
NAME SCHULTZ, III, CHARLES N  
STREET ADDRESS 8435 QUAIL RUN DRIVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33544

TITLE D ☐ DELETE  
NAME WISEMAN, TIMOTHY S  
STREET ADDRESS 4455 EDWARDS ROAD  
CITY-ST-ZIP PLANT CITY FL 33567

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE SECRETARY

5/7/97 (813) 781-3660

Daytime Phone # 0000001

CR2E034 (9/96)