FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

SEP 11 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000000011 (3)**

SAFE-CAR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4049 SHADY CREEK LN JACKSONVILLE FL 32223	4049 SHADY CREEK LN JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 59-3285051 — Applied For / Not Applicable

Suite, Apt. # or — 22:
Suite, Apt. # or — 27:
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:
6. [illegible] ☐ — **$5.00** May Be Added to Fees

Zip — 24:
County — 25:
Zip — 29:
County — 30:
8. The corporation is subject to chapter 617 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIPTAK, MARSHALL W 1759 W BROADWAY SUITE 8 OVIEDO FL 32765	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 Section 607.1005 and/or 617.1005, 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 607.325, Florida Statutes.

SIGNATURE: [illegible] (A) (B) (C)

12. OFFICERS AND DIRECTORS		13.	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	CRITZER, W LARRY	02 NAME	
03 STREET ADDRESS	4049 SHADY CREEK LN	03 STREET ADDRESS	
04 CITY ST ZIP	JACKSONVILLE FL 32223	04 CITY ST ZIP	
05 TITLE	D	05 TITLE	☐ Change ☐ Addition
06 NAME	LIPTAK, MARSHALL W	06 NAME	
07 STREET ADDRESS	505 LAKE CHARM CT	07 STREET ADDRESS	
08 CITY ST ZIP	OVIEDO FL 32765	08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above/on an attachment with an address.

SIGNATURE: [signature] 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0003047 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **P95000000246 (5)**

1. Corporate Name

RAYMOND AVIATION II, INC.

Principal Place of Business	Mailing Address
781 CLARENDON COURT NAPLES FL 33942	781 CLARENDON COURT NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report:
4. FEI Number: 65-0549073
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address (21–30: Suite, Apt. #, etc.; City & State; Zip; Country) — blank

9. Name and Address of Current Registered Agent

STEWART, JAMES C JR
1725 COUNTY ROAD 951
GOLDEN GATE FL 33999

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAYMOND, MICHAEL E
STREET ADDRESS	781 CLARENDON COURT
CITY-ST-ZIP	NAPLES FL 33942

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	RAYMOND, Michael E.	
13 STREET ADDRESS	781 CLARENDON CT	
14 CITY-ST-ZIP	Naples, FL 33942	
21 TITLE	S/D	☐ Change ☒ Addition
22 NAME	PENCE, Richard P	
23 STREET ADDRESS	781 Clarendon CT	
24 CITY-ST-ZIP	Naples FL 33942	

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)(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, or on an attachment with an address.

SIGNATURE: [signature] 5-8-95 813-566-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard J. Pence S/D

0003740 FP