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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # Pasanana (a)

1. Corporation Name	3000007203 (9)
SUN COAST SAFETY CO	NSULTANTS, INC.
Principal Place of Business	Mailing Address
-	

1. Corporation Name SUN COAST SAFETY CONSULTANTS, INC. Principal Place of Business Mailing Address 377 WOOD CHUCK AVE 377 WOOD CHUCK AVE						
TARPON SP	RINGS FL 34689	TARPON SPRINGS FL	L 346 89			
· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified 01/24/1995	3a. Date of Last	Report
	ace of Business	2a. Mailing Address		4. FEI Number	,	Applied For
Suite, Apt.	#. etc.	26		59-3294320	60-	Not Applicable 75 Additional
22	,	27		5. Certificate of Status Desired	1 1 7 7 7	e Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be
Zio	Country	Zip	Country	This corporation has liability for		ded to Fees s 199,032
24	25	29	30	Florida Statutes	: □No	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
MALCH	iodi, kathleen e					
	ODD CHUCK AVE		82 Street Add	Bress (P.O. Box Number is Not Acceptab	ole)	
	N SPRINGS FL 34689		83			
			84 City			7-0-1-
					FL	Zıp Code
11. Pursuant 1 or register	ed agent, or both, in the State of Florid	and 607.1508, Florida Statu da. Such change was authori	tes, the above named corpo	pration submits this statement for the pu	rpose of changing its	s registered offici ed agent. Lam
form them and		CO 7 05 05 \$1- 51- O-1 1-	zed by the corporation's boa	ard or directors. Thereby accept the app	or interiors register	co ogone i ani
familiar wi	in, and accept the obligations of, Sect-	on 607.0505, Florida Statute	zed by the corporation's boa's.	аго от опессого. Трегеру ассерт тте арр	or terrient as registe-	oo ogo rani
familiar wi	Signature, types or prefer have of registrice agent	on 607.0505, Florida Statute	Zed by the corporation's boasts. OIL Regelered Agest Substitute replies		OATE STEGISTE	
familiar wi SIGNATURE _ 12.	Signature, typed or praited have of registerer agent OFFICERS AND	on 607.0505, Florida Statute and the பிற்றின்ற) DIRECTORS	S. OIL Gegetoed Agents gradue respire		OATE	TORS IN 12
familiar wi SIGNATURE _ 117.f	Signature, typed or protein name of registrate agent OFFICERS AND	on 607.0505, Florida Statute	S. OIL festional Agents gradue require 13. 1 STILLE	od Americosarigi	OA1£	TORS IN 12
familiar wi SIGNATURE _ 12. TITLE NAME	Signature, typed or partiest name of registrate agent OFFICERS AND D MALCHIODI, KATHLEEN E	on 607.0505, Florida Statute and the பிற்றின்ற) DIRECTORS	S. OIL festional Agents grante require 13. 1 STILLF 12 NAME	od Americosarigi	OATE	TORS IN 12
SIGNATURE	Signature, typical or particular name of regention agent. OFFICERS AND D MALCHIODI, KATHLEEN E 377 WOOD CHUCK AVE	on 607.0505, Florida Statute ard the Engalescon ந) DIRECTORS DECETE	S. OTL frequencial Agent is gradule require 13.	od Americosarigi	OATE	TORS IN 12
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certify that the information indicated on mis annual report as true and accurate and that my signature shall have the same legal effect as it 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: Hathlet E. Malharde SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (813) 437-2148