05-06-1999 90252 022 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036563

DYNAMIC SAFETY RESOURCES, INC.

Principal Place	of Business	Mailing Address	Mailing Address						
1016B JOHN SI	MS PKWY	10168 JOHN SIMS PKWY	1016B JOHN SIMS PKWY						
NICEVILLE FL 32578		NICEVILLE FL 32578				DO NOT WRITE IN THIS SPACE			
US		US	US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
					05/05/1995 4. FEI Number				
2. Principal Pl	ace of Business	2a. Mailing Address						pplied For	
21			26		<u>59-3318165</u>			ot Applicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certifcate of Status Desired			Additional equired	
22			27						
City & State		⊢ ' ' '	City & State		6. Election Campaign Financing			May Be	
23			28		Trust Fund Contribution		_	to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the curr			CDN-	
24	25	1	30		Personal Property Tax.		X Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		<u> </u>	10. Name and Address of New F	registered A	gent		
CTDI	INIV DAVID D		8	1 Name				. 1	
	INK, DAVID R		8	2 Street	Address (P.O. Box Number is Not Accepta	ible)			
	BAYWIND DRIVE					<u> </u>			
NICE	VILLE FL 32578		8	3					
			-	4 00			os Zio	Code	
			6	4 City		FL	85 Zip	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such change was au	ithonzed b	v the como	corporation submits this statement for the oration's board of directors. I hereby accept	purpose of c it the appoin	hanging its iment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ag	ent signature r	required when reinstating)	DATE]	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND) DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	STRUNK, DAVID R		1.2 NAMI	Ē				ļ	
STREET ADDRESS	113 BAYWIND DRIVE		1.3 STRE	ET ADDRESS				}	
CITY-\$T-ZIP	NICEVILLE FL 32578		1.4 CITY					ł	
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	STRUNK, JANET G	_	2.2 NAM					l	
	113 BAYWIND DRIVE		•	ET ADDRESS					
STREET ADDRESS	NICEVILLE FL 32578		1					1	
CITY-ST-ZIP	MICEVILLE PL 32378	☐ DELETE	2.4 CITY 3.1 TITLE				Change	Addition	
TITLE	•	[] betere							
NAME			3.2 NAMI					l	
STREET ADDRESS			1	ET ADDRESS				ļ	
CITY-ST-ZIP			3.4. CITY				Change	☐ Addition	
TITLE		☐ DELETÉ	4,1 TATLE				□ ⊘iaiige	☐ Addition	
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	<u> </u>			Change	☐ Addition	
NAME			5.2 NAMI	Ē					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE	J. H	☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAMI	Ē					
STREET ADDRESS			6.3 STRE	ET ADDRESS				j	
1			6.4 CITY	-ST-ZIP					
CITY-ST-ZIP			5.7 5.11		I				

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: