

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90018 012 ***150.00

DOCUMENT # P95000056717

1. Corporation Name
THE SAFLEY GROUP, INC.

Principal Place of Business
28051 US HIGHWAY 19 NORTH STE A
CLEARWATER FL 34621

Mailing Address
28051 US HIGHWAY 19 NORTH STE A
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1995

4. FEI Number
59-3327292

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 31177 U.S. Highway 19 North
Suite, Apt. #, etc.

22 #603

23 City & State

23 PALM HARBOR, FL

24 Zip Country

24 34681 25 PINELLAS

2a. Mailing Address

26 P.O. Box 739

27 Suite, Apt. #, etc.

27

28 City & State

28 PALM HARBOR, FL

29 Zip Country

29 34682 30 PINELLAS

9. Name and Address of Current Registered Agent

SAFLEY, R Z
28051 US HIGHWAY 19 NORTH STE A
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

31177 U.S. Highway 19 N.

83

#603

84 City

PALM HARBOR

FL

85 Zip Code
34681

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 PD
NAME SAFLEY, R Z
STREET ADDRESS 28051 US HIGHWAY 19 NORTH STE A
CITY-ST-ZIP CLEARWATER FL 34621

☐ DELETE

Change
add.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☐ Change ☒ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 31177 U.S. Hwy. 19 N

1.4 CITY-ST-ZIP PALM HARBOR, FL 34681

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 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:

R. Z. Safley
SAFLEY, R Z

2/22/99 (727) 799-6461

Date

Daytime Phone #

CR2E034 (11/98)

0415037