

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

FILED

Apr 11 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 # P96000017997

1. Corporation Name

OCCUPATIONAL SAFETY AND HEALTH CONSULTANTS, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
02/26/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21. 12000 - 6th Street East

2a. Mailing Address
26. 12000 - 6th Street East

4. FEI Number
59-3352339

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23. City & State
St. Petersburg, Florida

28. City & State
St. Petersburg, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24. Zip
33706

Country

29. Zip
33706

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Financial Foundations, Inc.
1301 Seminole Boulevard
Largo, Florida 34640

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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or director of corporation or registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: White, Thomas E.
STREET ADDRESS: 6822 - 22nd Avenue North
CITY, ST, ZIP: St. Petersburg, Florida 33710

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President ☒ Change ☐ Addition
1.2 NAME: White, Thomas E.
1.3 STREET ADDRESS: 12000 - 6th Street East
1.4 CITY, ST, ZIP: St. Petersburg, Florida 33706

2.1 TITLE: Secretary/Treasurer ☐ Change ☒ Addition
2.2 NAME: White, Thomas E.
2.3 STREET ADDRESS: 12000 - 6th Street East
2.4 CITY, ST, ZIP: St. Petersburg, Florida 33706

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 included 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: THOMAS E. WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-97 (813) 345-1552

CR2E034 (9/96)