

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

*3/23/98 pdv 646*

**DOCUMENT # P97000018273 (7)**  
 1. Corporation Name  
**ECONOMY SAFETY, INCORPORATED**



Principal Place of Business Mailing Address  
 P.O. BOX 1158 VALRICO FL 33595-1158 P.O. BOX 1158 VALRICO FL 33595-1158

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 **15810 Redington Drive** 25 **PO BOX 8728**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 **Redington Beach, Fl.** 28 **St Petersburg, Fl.**  
 Zip Country Zip Country  
 24 **33708** 25 **USA** 29 **33738** 30 **FLSA**  
 g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**02/26/1997**  
 4. FEI Number Applied For  
**59-3434319** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**GOMEZ, ROBERT C**  
**1904 SEFFNER-VALRICO ROAD**  
**SEFFNER FL 33585**

10. Name and Address of New Registered Agent  
 81 Name **Gomez, Robert C.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**15810 Redington Drive**  
 83  
 84 City **Redington Beach** FL 85 Zip Code **33708**

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 *Robert C. Gomez* DATE **3/22/98**  
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ, ROBERT C</b>	
STREET ADDRESS	<b>130 RUBY CIRCLE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILL, TERESA A</b>	
STREET ADDRESS	<b>13908 HAYWARD PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Gomez, Robert C.</b>	
1.3 STREET ADDRESS	<b>15810 Redington Drive</b>	
1.4 CITY-ST-ZIP	<b>Redington Beach, Fl. 33708</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Robert C. Gomez* DATE: **3/22/98**

CR2E034 (10/97)