FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # P97000051888 (0) PUBLIC SAFETY MANAGEMENT, INC. Principal Place of Business Mailing Address 2910 MARQUESAS COURT 2910 MARQUESAS COURT WINDERMERE FL 34786 WINDERMERE FL 34786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/11/199</u>7 4. FEI Number 31 - 1119507 2a. Mailing Address 2. Principal Place of Business 9984 EXECUTIVE 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State City State 6. Election Campaign Financing \$5.00 May Be mm 23 28 Trust Fund Contribution Added to Fees Country Country Zio 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent e. Name and Address of Current Registered Agent Name Fenlon, Timothy TENLON TMOTH Street Address (P.O. Box Number is Not Acceptable 2910 MARQUESAS COURT 82 EXECUTIVE WINDERMERE FL 34786 83 HARBOR 11. Pursuant to the provisions of Sections 607.05.02 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's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE **PCEO** 11 TITLE res ICEO TITLE FENLON, TIM 1.2 NAME TIMOTHU P. FENLON NAME 2910 MARQUESAS COURT STREET ADDRESS 1.3 STREET ADDRESS 34685 WINDERMERE FL 34786 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 2 1 1HTLE TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP ___ Change ☐ DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5 1 TITLE TITLE 52 NAME NAME

14. Thereby 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 altachment with an address.

6.4 CITY-ST-ZIP

5 3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME **6.3 STREET ADDRESS**

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Change

Applied For

Not Applicable

Addition

Addition

Addition

Addition

Addition