

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 30, 1999 8:00 am  
Secretary of State

04-30-1999 90126 011 \*\*\*158.75

DOCUMENT # P98000049880

1. Corporation Name

PROFESSIONAL SAFETY SERVICES INC.

Principal Place of Business

9410 PEBBLE GLEN AVE.  
TAMPA FL 33647

Mailing Address

9410 PEBBLE GLEN AVE.  
TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

593523559

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 8201 Woodrose Glen Way

Suite, Apt. #, etc.

22

2a. Mailing Address

26 8201 Woodrose Glen Way

Suite, Apt. #, etc.

27

City & State

23 Tampa, FL 33647

Zip

Country

24 33647 25 USA

City & State

28 Tampa FL

Zip

Country

29 33647 30 USA

9. Name and Address of Current Registered Agent

THOMPSON, PATRICIA M  
9410 PEBBLE GLEN AVE.  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

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

8201 Woodrose Glen Way

83

84 City

Tampa

FL

85 Zip Code

33647

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 ☒ DELETE

NAME THOMPSON, GREGORY L  
STREET ADDRESS 9410 PEBBLE GLEN AVE.  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☒ DELETE

NAME THOMPSON, PATRICIA M  
STREET ADDRESS 9410 PEBBLE GLEN AVE.  
CITY-ST-ZIP TAMPA FL 33647

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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 8201 Woodrose Glen Way  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 8201 Woodrose Glen Way  
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:

GREGORY L. THOMPSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

813 632 7915

Daytime Phone #

CR2E034 (11/98)

0402668