

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S85647

1. Entity Name  
SAFETY AMERICA, INC.



Principal Place of Business  
4716 RIDGEWOOD AVENUE  
JACKSONVILLE, FL 32207 US

Mailing Address  
4716 RIDGEWOOD AVENUE  
JACKSONVILLE, FL 32207 US



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3092368

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TOMLINSON, R.L.  
9204 HECKSCHER DR  
JACKSONVILLE, FL 32226

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	TOMLINSON, R.L.
STREET ADDRESS	9204 HECKSCHER DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	TOMLINSON, CATHERINE B
STREET ADDRESS	9204 HECKSCHER DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	PARRISH, MICKEY L
STREET ADDRESS	6937 LA MESA DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	PARRISH, ALICE M
STREET ADDRESS	6937 LA MESA DRIVE W
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VP
NAME	TOMLINSON, CATHERINE B
STREET ADDRESS	9204 HECKSCHEE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000291845  
04/07/05-80046-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine B. Tomlinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 904-399-0360  
Date Daytime Phone #