Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90114 001 ***150.00

n naminana kan kateb natian kanar dibah hibin dibah anjak anjah dibah dibah dibah dibah

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

DOCOMEN1 4	# 588918
Corporation Name	900010

OSHA GUARD II. INC.

,			_			
Principal Place of Business	cipal Place of Business Mailing Address			DO NOT WRITE IN THIS SPACE		
553 INDIES DRIVE RAMROD KEY FL 33042 US	PO BOX 420257 SUMMERLAND KEY FL 33042 US	SUMMERLAND KEY FL 33042				
				3. Date Incorporated or Qualifed 10/22/1991	_	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			59-3091534	Not Applica	ble
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	l
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip C	ountry		This corporation owes the current year Inf Personal Property Tax.	angible □ Yes □ No	
9. Name and Address of C				10. Name and Address of New Registered	Agent	
KNUT, WIEDEMANN		81	Name			
553 INDIES DR.		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
RAMROD KEY FL 33042		83				
•	-	84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes, the	above	-named corp	oration submits this statement for the purpose of	changing its registere	be

registered agent, or bottom to the provisions of Sections to 7.302 and of 7.305, Florida Statutes, the above-rained 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 117IRF TITLE **PSTD** KNUT, WIEDEMANN 1.2 NAME NAME 553 INDIES DR. 1.3 STREET ADDRESS STREET ADDRESS RAMROD KEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP OELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 accurate and that my signature shall have the same legal effect as if made under oath that an 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

SIGNATURE:

CR2E034 (11/98)