

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000725

Entity Name: SAFER DISTRIBUTORS, INC.

Current Principal Place of Business:

5970 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216

Current Mailing Address:

5970 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216

FEI Number: 20-0551884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOUIS, SAFER
4267 POINT LA VISTA RD. W.
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name SAFER, LOUIS
Address 4267 POINT LA VISTA RD. W.
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name SAFER, THOMAS
Address 4267 POINT LA VISTA RD. W.
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS SAFER

VP

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date