

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000099964

**Entity Name:** DANA SAFETY SUPPLY, INC.

**Current Principal Place of Business:**

561 STEVENS STREET  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

561 STEVENS STREET  
JACKSONVILLE, FL 32254 US

**FEI Number:** 27-1557226

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACKMAN, JOANNE A  
1725 MEMORIAL PARK DRIVE  
JACKSONVILLE, FL 32204 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:** JOANNE A ACKMAN

01/20/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name GRAHAM, ALEXANDER M  
Address 1725 MEMORIAL PARK DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title VP, DIRECTOR  
Name CURRY, JEFFERY S  
Address 1725 MEMORIAL PARK DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title VP, DIRECTOR  
Name GRAHAM, HAMPTON H  
Address 1725 MEMORIAL PARK DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT, COO  
Name HOBBS, WANDA J  
Address 4809 KOGER BOULEVARD  
City-State-Zip: GREENSBORO NC 27409

Title PRESIDENT  
Name RUSSO, DAVID  
Address 1725 MEMORIAL PARK DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY, TREASURER  
Name PUHALSKI, ERIKA  
Address 1725 MEMORIAL PARK DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

*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:** JEFFERY S CURRY

VP

01/20/2022

Electronic Signature of Signing Officer/Director Detail

Date