

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002316

Entity Name: ENSAFE INC.**Current Principal Place of Business:**5724 SUMMER TREES DR.
MEMPHIS, TN 38134**Current Mailing Address:**5724 SUMMER TREES DR.
MEMPHIS, TN 38134**FEI Number:** 58-1402235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHAIRMAN
Name COOP, PHILLIP G
Address 5724 SUMMER TREES DR.
City-State-Zip: MEMPHIS TN 38134

Title DVCS
Name WOOD, MICHAEL A
Address 5724 SUMMER TREES DR.
City-State-Zip: MEMPHIS TN 38134

Title DVP
Name STODDARD, PAUL V
Address 5724 SUMMER TREES DR.
City-State-Zip: MEMPHIS TN

Title DV
Name GRAY-DAVIS, GINNY L
Address 308 NORTH PETERS ROAD
City-State-Zip: KNOXVILLE TN 37922

Title VP, DIRECTOR
Name PALMER, MICHAEL D
Address 308 NORTH PETERS ROAD
City-State-Zip: KNOXVILLE TN 37922

Title PRESIDENT
Name BRADFORD, DONALD
Address 5724 SUMMER TREES DR.
City-State-Zip: MEMPHIS TN 38134

Title VP, DIRECTOR
Name ROBERSON, BRY
Address 220 ATHENS WAY
SUITE 410
City-State-Zip: NASHVILLE TN 37228

Title VP, DIRECTOR
Name DERRY, BRIAN
Address 6512 DOGWOOD VIEW PKWY
SUITE B
City-State-Zip: JACKSON MS 39213

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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: MICHAEL A. WOOD**DVCS****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP, DIRECTOR	Title	VP, DIRECTOR
Name	JAMES, JEFF	Name	MCINTURFF, FRANK IV
Address	4545 FULLER DRIVE	Address	7775 BAYMEADOWS WAY
City-State-Zip:	IRVING TX 75038	City-State-Zip:	JACKSONVILLE FL 32256