FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:05

DOCUMENT # **582689** **(6)**

1. Corporation Name
SAFETY SYSTEMS, INC.

Principal Place of Business	Mailing Address
ROUTE 1 BOX 199B WELLBORN FL 32094	P O BOX A WHITE SPRINGS FL 32096 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/18/1978**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1844247** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MEIDE, MOSE, JR., ESQ.
817 NORTH MAIN STREET
JACKSONVILLE, FL. K 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1 1 TITLE	S-T	☐ Change ☒ Addition
NAME	GORE, RONALD G	1 2 NAME	SUE D. GORE	
STREET ADDRESS	ROUTE 1 BOX 199B	1 3 STREET ADDRESS	RT. 1, BOX 199 B	
CITY · ST · ZIP	WELLBORN FL	1 4 CITY · ST · ZIP	WELLBORN, FL 32094	
TITLE	V	2 1 TITLE	DP	☒ Change ☐ Addition
NAME	WALTERS, WILLIAM F.	2 2 NAME	RONALD G. GORE	
STREET ADDRESS	ROUTE 1 BOX 199B	2 3 STREET ADDRESS	RT. 1, BOX 199B	
CITY · ST · ZIP	WELLBORN FL	2 4 CITY · ST · ZIP	WELLBORN, FL 32094	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY · ST · ZIP		3 4 CITY · ST · ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY · ST · ZIP		4 4 CITY · ST · ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY · ST · ZIP		5 4 CITY · ST · ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY · ST · ZIP		6 4 CITY · ST · ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE: Sue D. Gore Sue D. Gore 4-7-95 904-963-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402520 FP