

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90297 037 ***150.00

DOCUMENT # F92000000178

1. Corporation Name
BREED TECHNOLOGIES, INC.

Principal Place of Business

5300 OLD TAMPA HWY
LAKELAND FL 33811
US

Mailing Address

5300 OLD TAMPA HWY
LAKELAND FL 33811
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1992

4. FEI Number

22-2767118

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SPERANZELLA, CHARLES J JR
5300 OLD TAMPA HWY
LAKELAND FL 33811

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

Signature, typed or printed name of registered agent as of title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BREED, ALLEN K
STREET ADDRESS 5300 OLD TAMPA HWY
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME CCEO
BREED, JOHNNIE C
STREET ADDRESS 434 SOUTH BEACH ROAD, JUPITER ISLAND
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ DELETE

NAME VCD
SPERANZELLA, CHARLES J JR
STREET ADDRESS 3253 STONEWATER DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME AS
BOYD, STUART D.
STREET ADDRESS 5300 OLD TAMPA HWY
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME T
SALTARELLI, ROBERT
STREET ADDRESS 5300 OLD TAMPA HWY
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ DELETE

NAME S
GUPTILL, LIZANNE
STREET ADDRESS 5300 OLD TAMPA HWY
CITY-ST-ZIP LAKELAND FL 33811

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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(2)(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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lizanne Guptill, Secretary

Date

Daytime Phone #

941-668-6388

CR2E034 (1/98)