

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L17911 (3)
1. Corporation Name
OCCUPATIONAL SAFETY TRAINING, INC.



Principal Place of Business: **1400 SPORTSMAN POINT INVERNESS FL 32651**
Mailing Address: **P.O. BOX 28 INVERNESS FL 32651-7028**

3. Date Incorporated or Qualified: **09/25/1989**
3a. Date of Last Report: **10/05/1995**
4. FEI Number: **59-2971841**
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

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

9. Name and Address of Current Registered Agent

**BEAUDRY, JOHN G.
3813 EAST WEST WIND CT
INVERNESS FL 32650**

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 _____

Signature type for principal name of registered agent available if applicable

(NOTE: Registered Agent signature required when resigning)

DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDRY, JOHN G.	1.2 NAME	
STREET ADDRESS	140 C N. SPORTSMAN PT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL 34453	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDRY, SHARON K.	2.2 NAME	
STREET ADDRESS	140 C N. SPORTSMAN PT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL 34453	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKER, JANET	3.2 NAME	
STREET ADDRESS	140 C N. SPORTSMAN PT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL 34453	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet Bicker* Janet Bicker 7/8/96 352-344-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day or Phone #

CR2E034 (3/96)