Edgar Filing: Hodson John William - Form 4

| Hodson John | ı William | | | | | | | | | |
|-------------------------|---|---|--|--------------|---------|---|--|--------------------------------------|------------------------|--|
| Form 4 | _ | | | | | | | | | |
| May 22, 200 | 7 | | | | | | | | | |
| FORM | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | PROVAL | | |
| | UNITED | | kliftES A ishington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long | er | | | | | | | Expires: | January 31, 2005 | |
| subject to | IENT OF CHAI | F CHANGES IN BENEFICIAL OWN | | | | NERSHIP OF | Estimated a | nated average | | |
| Section 1 | | | | | | | | burden hours per | | |
| Form 4 or Form 5 | | quant to Saction | 16(a) of th | o Soouriti | oc Ex | ahana | a A at of 1024 | response | 0.5 | |
| obligation | • • • | suant to Section a) of the Public U | | | | • | | n | | |
| may cont | inue. | 30(h) of the I | • | • | • • | | | 11 | | |
| See Instru 1(b). | iction | 50(ii) of the I | livestinent | company | y 1 ici | 01 174 | | | | |
| 1(0). | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | - | of Reporting Person(s) to | | | |
| Hodson John | n William | Symbol | Symbol | | | | Issuer | | | |
| | FLAN | DERS CO | RP [fldr] | | | (Check all applicable) | | | | |
| (Last) | (First) (N | Middle) 3. Date of | of Earliest Tr | ansaction | | | × × | 11 | , | |
| | | (Month/Day/Year) 05/16/2007 | | | | Director 10% Owner X Officer (give title Other (specify | | | | |
| 124 WOOD | E 05/16/2 | | | | | below) below) | | | | |
| | | | | | | | Chief I | Financial Offic | er | |
| | 4. If Am | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| | Filed(Mo | Filed(Month/Day/Year) | | | | | | | | |
| | | 05 | | | | | _X_ Form filed by C Form filed by N | One Reporting Pe Iore than One Re | | |
| SAFETY H | ARBOR, FL 346 | 95 | | | | | Person | | r****8 | |
| (City) | (State) | (Zip) Tat | ole I - Non-D | erivative S | ecurit | ties Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | | 3.4. Securities Acquired | | | | 5. Amount of | 6. Ownership | | |
| Security | (Month/Day/Year) | Execution Date, if | | on(A) or Dis | | | Securities | Form: Direct | Indirect Beneficial | |
| (Instr. 3) | | any (Month/Day/Year) | Code (Instr. 3, 4 and 5)) (Instr. 8) | | | | 2 | × / | Ownership | |
| | | | · · · · | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | (A) | | Reported Transaction(s) | | | |
| | | | | | or | | (Instr. 3 and 4) | | | |
| Common | | | Code V | Amount | (D) | Price \$ | . , | | | |
| Common Stock | 05/16/2007 | 05/16/2007 | С | 30,506 | А | ъ 6.32 | 53,458 | D | | |
| STOCK | | | | | | 0.52 | | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of prDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option | \$ 1.5 | 05/16/2007 | 05/16/2007 | М | 40,000 | 10/31/2005 | 10/31/2007 | Common Stock | 40,000 |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Hodson John William 124 WOODCREEK DRIVE E SAFETY HARBOR, FL 34695 | | | Chief Financial Officer | | | | |
| Signatures | | | | | | | |
| John W. Hodson 05/ | 19/2007 | | | | | | |

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.