

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of Banking and Finance
Barbara S. Whitman
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED
95 MAY -1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707199 (6)
1. Corporation Name
SEMINOLE FIRE RESCUE, INC.

Principal Place of Business Mailing Address
11195-70 AVENUE NORTH SEMINOLE FL 34642 **11195-70 AVENUE NORTH SEMINOLE FL 34642**

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **04/24/1964** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-1143017** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEAHY, JOHN J., JR.
11195 70TH AVE. N.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500001490795**
-05/17/95 --01050--003
84 City *****130.00 FL ***2130400**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	• PD
NAME	SCHULER, TIMOTHY
STREET ADDRESS	7843 SEMINOLE BLVD.
CITY - ST - ZIP	SEMINOLE FL
TITLE	VD
NAME	BOOTH, DWAIN
STREET ADDRESS	12490 ULMERTON ROAD
CITY - ST - ZIP	LARGO FL
TITLE	SD
NAME	SAVASTIO, SHARON
STREET ADDRESS	9480 106TH AVE., N
CITY - ST - ZIP	LARGO FL
TITLE	TD
NAME	HARTSTEIN, WILLIAM
STREET ADDRESS	11189 VALENCIA AVE.
CITY - ST - ZIP	SEMINOLE FL
TITLE	D
NAME	GESLING, JUANITA
STREET ADDRESS	10550 PARK BLVD.
CITY - ST - ZIP	SEMINOLE FL
TITLE	D
NAME	FRANGIPANE, LOUIS
STREET ADDRESS	5971 HILLSIDE ST.
CITY - ST - ZIP	SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROCK, JAMES C. JR.
1.3 STREET ADDRESS	12276 106 AVE N
1.4 CITY - ST - ZIP	LARGO FL 34648
2.1 TITLE	VICE PRESIDENT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LITTEN, GENE
2.3 STREET ADDRESS	11196 66 TER N
2.4 CITY - ST - ZIP	SEMINOLE FL 34642
3.1 TITLE	SECRETARY D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLENN, ROBERT
3.3 STREET ADDRESS	13740 OAK FOREST BLVD N
3.4 CITY - ST - ZIP	SEMINOLE FL 34646
4.1 TITLE	TREASURER D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HARTSTEIN, WILLIAM P
4.3 STREET ADDRESS	11189 VALENCIA AVE N
4.4 CITY - ST - ZIP	SEMINOLE FL 34642
5.1 TITLE	COMMISSIONER D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ADAMS, MICHAEL JOHN
5.3 STREET ADDRESS	8122 83 ST N
5.4 CITY - ST - ZIP	SEMINOLE FL 34642
6.1 TITLE	COMMISSIONER D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PATULA, NANCY HARRISON, CHARLES
6.3 STREET ADDRESS	11748 103 ST N 9935 110 LANE N
6.4 CITY - ST - ZIP	LARGO FL 34643 SEMINOLE FL 34642

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 110.07(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: *William P. Hartstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William P. Hartstein, Treasurer

12-7-95 *158871*