

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # 707199 (6)**

1. Corporation Name  
**SEMINOLE FIRE RESCUE, INC.**



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

3. Date Incorporated or Qualified: **04/24/1964**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **59-1143017**  
 Applied For:  Yes  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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**VICKI L. MURPHY**  
**11195 70TH AVE. N.**  
**SEMINOLE FL 34642**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Vicki L. Murphy* (NOTE: Registered Agent signature required when reinstating) DATE: *7/8/96*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROCK, JAMES C JR	
STREET ADDRESS	12276 106TH AVE. NORTH	
CITY-ST-ZIP	LARGO FL 34648	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LITTEN, GENE	
STREET ADDRESS	11196 66TH TERRACE NORTH	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLENN, ROBERT	
STREET ADDRESS	13740 OAK FOREST BLVD. N	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARTSTEIN, WILLIAM P	
STREET ADDRESS	11189 VALENCIA AVE.	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ADAMS, MICHAEL J	
STREET ADDRESS	8122 63RD ST. NORTH	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PATULA, NANCY	
STREET ADDRESS	11748 103RD ST NORTH	
CITY-ST-ZIP	LARGO FL 34643	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>200001895542</b>
53 STREET ADDRESS	<b>-07/16/96--01168--042</b>
54 CITY-ST-ZIP	<b>***61.25</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *6/24/96* TIME: *513-341-4995*

CR2E037 (3/96)