

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 764806 (6)</b><br>1. Corporation Name<br><b>THE FLORIDA FIRE MARSHALS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                         |  |
| Principal Place of Business<br>1024 N.E. 13TH ST<br>BLDG C<br>GAINESVILLE FL 32602<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Mailing Address<br>P.O. BOX 2033<br>GAINESVILLE FL 32602<br>US                                                                                                                          |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                                                                                                |  |
| 3. Date Incorporated or Qualified<br>09/02/1982                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4. FEI Number<br>59-2226351                                                                                                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                          |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
| 9. Name and Address of Current Registered Agent<br>HARDEE, BETH<br>1024 N.E. 13TH ST<br>BLDG C<br>GAINESVILLE FL 32602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL                                  |  |
| 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.<br>SIGNATURE <u>Beth Hardee</u> DATE <u>7/31/98</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |                                                                                                                                                                                         |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                   |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME GREGORY, LARRY<br>STREET ADDRESS 122 MARKELLA ROAD<br>CITY-ST-ZIP FORT WALTON BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME RANDALL, STEVE<br>STREET ADDRESS 225 NEWBURYPORT AVENUE<br>CITY-ST-ZIP ALTAMONTE SPRINGS FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                             |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME HARDEE, BETH<br>STREET ADDRESS 1024 N.E. 13TH ST, BLDG C<br>CITY-ST-ZIP GAINESVILLE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME APPELBECK, TONY<br>STREET ADDRESS 400 ALEXANDRIA BLVD.<br>CITY-ST-ZIP OVIEDO FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                        |  |
| TITLE <input checked="" type="checkbox"/> DELETE<br>NAME BERGEL, PETER T.<br>STREET ADDRESS 10500 N. MILITARY TRAIL<br>CITY-ST-ZIP PALM BCH. GARDENS FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                             |  |
| TITLE <input checked="" type="checkbox"/> DELETE<br>NAME VERDUCCI, TONY<br>STREET ADDRESS 5000 82ND AVENUE NORTH<br>CITY-ST-ZIP PINELLAS PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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(3)(l), 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: <u>[Signature]</u> DATE <u>7/24/98</u> DAYTIME PHONE # <u>407-977-6649</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                         |  |

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