

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL -7 AM 9:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # J70558 (8)

1. Corporation Name

GULF COAST AMBULANCE SERVICES, INC.

Principal Place of Business

Mailing Address

**516 ELRA STREET
P.O. BOX 625
MILTON FL 32570
US**

**P.O. BOX 625
P.O. BOX 625
MILTON FL 32572
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1987

3a. Date of Last Report

08/01/1994

4. FBI Number

59-2798471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLOAN, JACK R.
6349 WISTERIA DRIVE
MILTON FL 32570**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MANSCHOT, ROBERT
8401 E. INDIAN SCHOOL RD.
SCOTTSDALE AZ**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BOLIN, JAMES
8401 E. INDIAN SCHOOL RD.
SCOTTSDALE AZ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JECKEL, LOU
8401 E. INDIAN SCHOOL RD.
SCOTTSDALE AZ**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**T
MARK E. LIEBER
8401 E. INDIAN SCHOOL RD
SCOTTSDALE AZ 85251**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**S
W. R. CROWELL
8401 E. INDIAN SCHOOL RD
SCOTTSDALE AZ 85251**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

(Date)

1-800 352-2309

(Anytime After 8)