FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50861** **(6)**

1. Corporation Name

LEE COUNTY ASSOCIATION OF PROFESSIONAL PARAMEDIC S, INC.

Principal Place of Business	Mailing Address
1625 HENDRY ST. RM 102 FT. MYERS FL 33901-2950 US	PO BOX 61290 SUITE 102 FT MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1992	3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-3148582	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	VINYARD, ALLEN A	12 NAME		
STREET ADDRESS	18491 EASTSHORE DR SE	13 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	KURZ, TAMMY	22 NAME		
STREET ADDRESS	8085 TOLLES DR NE	23 STREET ADDRESS		
CITY ST ZIP	N FT MYERS FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	SPICUZZA, JOHN	32 NAME		
STREET ADDRESS	164 SE 3RD TERR	33 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL	34 CITY ST ZIP		
TITLE	SP	41 TITLE		☐ Change ☐ Addition
NAME	FARLEY, JUDE	42 NAME		
STREET ADDRESS	8305 SAN CARLOS BLVD.	43 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	44 CITY ST ZIP		
TITLE	SP	51 TITLE		☐ Change ☐ Addition
NAME	WHEATON, DAVE	52 NAME		
STREET ADDRESS	2410 HUNTER ST.	53 STREET ADDRESS		
CITY ST ZIP	FT.MYERS FL	54 CITY ST ZIP		
TITLE	SP	61 TITLE		☐ Change ☐ Addition
NAME	PREISINGER, TANYA	62 NAME		
STREET ADDRESS	2034 SE 29TH ST.	63 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL	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)(i), 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 the 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: John Spicuzza John Spicuzza 5-6-95 (813)574-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018870