FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **228377** **(8)**

1. Corporation Name
RURAL/METRO CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
4720 OLD WINTER GARDEN RD ORLANDO FL 32811	4720 OLD WINTER GARDEN RD ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/28/1959	03/09/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-0934668 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, *Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECHTEL, STEVEN R. 225 E ROBINSON ST. ORLANDO FL 32801	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 _____ DATE
(Signature, Agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Delete	☑ Change ☐ Addition
NAME	MANSCHOT, ROBERT H.	12 NAME		
STREET ADDRESS	8401 E. INDIAN SCHL ROAD	13 STREET ADDRESS		
CITY ST ZIP	SCOTTSDALE AZ	14 CITY ST ZIP		
TITLE	VSD	21 TITLE	PSTD	☑ Change ☐ Addition
NAME	BOLIN, JAMES H.	22 NAME		
STREET ADDRESS	8401 E. INDIAN SCHL ROAD	23 STREET ADDRESS		
CITY ST ZIP	SCOTTSDALE AZ	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	JEKEL, LOUIS G	32 NAME		
STREET ADDRESS	8401 E. INDIAN SCHL ROAD	33 STREET ADDRESS		
CITY ST ZIP	SCOTTSDALE AZ	34 CITY ST ZIP		
TITLE	CD	41 TITLE	C.D.	☑ Change ☐ Addition
NAME	SYM-SMITH, C I	42 NAME	RUETAND, WARREN S,	
STREET ADDRESS	8401 E INDIAN SCHL RD	43 STREET ADDRESS	8401 E. INDIAN SCHOOL RD	
CITY ST ZIP	SCOTTSDALE AZ	44 CITY ST ZIP	SCOTTSDALE AZ 85251	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WITZEMAN, LOUIS A	52 NAME		
STREET ADDRESS	8401 E INDIAN SCHL RD	53 STREET ADDRESS		
CITY ST ZIP	SCOTTSDALE AZ	54 CITY ST ZIP		
TITLE	VS	61 TITLE		☐ Change ☐ Addition
NAME	CROWELL, W R	62 NAME		
STREET ADDRESS	8401 E INIDAN SCHL RD	63 STREET ADDRESS		
CITY ST ZIP	SCOTTSDALE AZ	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/29/95 602 481-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069827 CP