FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Jun 04, 1999 8:00 am
Secretary of State
06-04-1999 90009 014 ***550.00

DOCUMENT # Z28377

1. Corporation Name
Rural/Metro Corporation of Florida

* 5 6 9 4 1 0 *
569410 - 90009 - 14

Principal Place of Business	Mailing Address
4728 Old Winter Garden Rd Orlando, FL 32811 US	8401 E. Indian School Rd Scottsdale, AZ 85251 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1959

2. Principal Place of Business 21	2a. Mailing Address ATTN: TAX DEPT. 26 P.O. DRAWER F	4. FEI Number: 59-0934668	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 SCOTTSDALE, AZ	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 85252 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Rd Plantation, FL 33324	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHN FURMAN	1.2 NAME	
STREET ADDRESS	8401 E. Indian School Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Scottsdale, AZ 85251	1.4 CITY-ST-ZIP	
TITLE	ASST. SECRETARY	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVID STEVENS	2.2 NAME	
STREET ADDRESS	8401 E. Indian School Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Scottsdale, AZ 85251	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Mark E. Liebner	3.2 NAME	
STREET ADDRESS	8401 E. Indian School Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Scottsdale, AZ 85251	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Steven M. Lee	4.2 NAME	
STREET ADDRESS	8401 E. Indian School Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Scottsdale, AZ 85251	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	William R. Crowell	5.2 NAME	
STREET ADDRESS	8401 E. Indian School Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Scottsdale, AZ 85251	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. *I hereby certify* that the information supplied with this filing 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 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: _____ 05-18-99 602 606 3329
SIGNATURE AND TYPED OR PRINTED NAME OF (ONE) OFFICER OR DIRECTOR — Date — Daytime Phone #