FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR -7 AM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **299307** **(9)**

1. Corporation Name

SOUTH ATLANTIC FIRE EQUIPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
537 COLLEGE ST JACKSONVILLE FL 32204-2671 US	537 COLLEGE ST JACKSONVILLE FL 32204-2671 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1965**
3a. Date of Last Report: **03/16/1994**

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

4. FEI Number: **59-1108348** ☐ 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

BRYAN,A W
3954 MCGIRTS BLVD.
JACKSONVILLE FL 32210

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 _____ DATE
Signature, if 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	STD	11 TITLE	☐ Change ☐ Addition
NAME	BRYAN, SUE P	12 NAME	
STREET ADDRESS	3954 MCGIRTS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BRYAN A W	22 NAME	
STREET ADDRESS	3954 MCGIRTS BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BRYAN, THOMAS A.	32 NAME	
STREET ADDRESS	3954 MCGIRTS BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	WOLF, ARTHUR G.	42 NAME	
STREET ADDRESS	2649 HANDS DR.	43 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 exemptions 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 added to the report with an address.

SIGNATURE: _____ 4-3-95 (904)356-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022304 CP