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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

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

1. Corporate Name
**SOUTH ATLANTIC FIRE EQUIPMENT COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~537 COLLEGE ST~~<br>~~JACKSONVILLE FL 32204-2871~~<br>US<br>eff. 1-1-97 | ~~597 COLLEGE ST~~<br>~~JACKSONVILLE FL 32204-2809~~<br>US<br>eff. 1-1-97 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 5863 W. Beaver St.<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip / Country<br>24 32254-2868 25 | 2a. Mailing Address<br>26 5863 W. Beaver St.<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip / Country<br>29 32254-2868 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>12/02/1965 | 3a. Date of Last Report<br>05/01/1996 |
| 4. FEI Number<br>59-1108348 | ☐ Applied For<br>☐ 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: Thomas A. Bryan
82 Street Address (P.O. Box Number is Not Acceptable): 4998 Arapahoe Avenue
83
84 City: Jacksonville FL 85 Zip Code: 32210

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: X _____ Thomas A. Bryan - Reg. Agent (President) DATE 3/19/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE: CEO<br>NAME: BRYAN, SUE P<br>STREET ADDRESS: 3954 MCGIRTS BLVD<br>CITY-ST-ZIP: JACKSONVILLE, FL ~~00000~~ 32210 | ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP: 32210 | ☐ Change ☒ Addition |
| TITLE: S<br>NAME: BRYAN A W<br>STREET ADDRESS: 3954 MCGIRTS BLVD<br>CITY-ST-ZIP: JACKSONVILLE, FL ~~00000~~ 32210 | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP: 32210 | ☐ Change ☒ Addition |
| TITLE: PRA<br>NAME: BRYAN, THOMAS A.<br>STREET ADDRESS: ~~3954 MCGIRTS BLVD.~~<br>CITY-ST-ZIP: JACKSONVILLE FL 32210 | ☐ DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS: 4998 Arapahoe Avenue<br>3.4 CITY-ST-ZIP: Jacksonville, FL. 32210 | ☒ Change ☐ Addition |
| TITLE: V<br>NAME: WOLF, ARTHUR G.<br>STREET ADDRESS: 2649 HANDS DR.<br>CITY-ST-ZIP: GREEN COVE SPRGS. FL 32043 | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP: 32043 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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: X _____ Thomas A. Bryan - Pres / Reg. Agent 3/19/97 904-695-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #