

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 299307 (9)
1. Corporation Name
SOUTH ATLANTIC FIRE EQUIPMENT COMPANY, INC.

Principal Place of Business

5063 W BEAVER ST
JACKSONVILLE FL 32254-0008
US

Mailing Address

5063 W BEAVER ST
JACKSONVILLE FL 32254-0008
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1965	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1108348	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRYAN, THOMAS A
4998 ARAPAHOE AVE
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



Thomas A. Bryan - President

3/16/98

(Signature, typed 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	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	Director (D)	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRYAN, SUE P			1.2 NAME			
STREET ADDRESS	3954 MCGIRTS BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			1.4 CITY-ST-ZIP	32210		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	CEO	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRYAN A W			2.2 NAME			
STREET ADDRESS	3954 MCGIRTS BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			2.4 CITY-ST-ZIP	32210		
TITLE	PRA	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRYAN, THOMAS A.			3.2 NAME			
STREET ADDRESS	4998 ARAPAHOE AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	32210		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOLF, ARTHUR G.			4.2 NAME			
STREET ADDRESS	2649 HANDS DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRGS. FL			4.4 CITY-ST-ZIP	32043		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	John T. Ipock		
STREET ADDRESS				5.3 STREET ADDRESS	10850 mowbray Rd.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Sec. / TREAS.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Linda M. Stanley		
STREET ADDRESS				6.3 STREET ADDRESS	1614 Loyola Dr.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218		

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 in an attachment with an address.

SIGNATURE: X



3-16-98 (904) 695-4200

CR2E034 (10/97)