



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90220 039 ***150.00

DOCUMENT # 299307 1. Entity Name SOUTH ATLANTIC FIRE EQUIPMENT COMPANY, INC.					
Principal Place of Business 5863 W BEAVER ST JACKSONVILLE FL 32254-2868 US				Mailing Address 5863 W BEAVER ST JACKSONVILLE FL 32254-2868 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRYAN, THOMAS A 4998 ARAPAHOE AVE JACKSONVILLE FL 32210				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, SUE P		NAME		
STREET ADDRESS	3954 MCGIRTS BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARLAND, TANYA		NAME		
STREET ADDRESS	5256 PALMER AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	PRA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, THOMAS A.		NAME		
STREET ADDRESS	4998 ARAPAHOE AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLF, ARTHUR G.		NAME		
STREET ADDRESS	2649 HANDS DR.		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRGS. FL 32043		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARHAM, HAROLD DR		NAME		
STREET ADDRESS	5151 YACHT CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IPOCK, JOHN T		NAME		
STREET ADDRESS	10850 MOBREY ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32221		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2-29-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		



MOORE CR2E034 (11/03)

4. FEI Number **59-1108348** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

FL Zip Code

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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