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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mořthám

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 376342

FILED May 01 1997 8:00am Secretary of State

1. Corporatio	on Namio		•	:						
Fire	st Team, Inc									
1 1 1 1	51 10 50111 1				1					
Personal Place of Business Mailing Address										
- Preficiosit Franci	e o Business	Mailing Address		_						
5000 5	Sa warnes Village Circ	cle 5000 Sc	ingrass 1	/illage Cin Leach, Fl	de					
2000	dugitiss in the El	Dent 1	lades P	each Fl	_					_
5000 Sawgrass Village Circle 5000 Sawgra Ponte Vedra Beach FL Ponte Vedra 32082			euw ~	32012	3.	Date Incorporated or Qualified	3a. Date of		_'	
2. Principal Place of Business 2a. Mailing Address				Jour		01/39/1971 FEI Number	04	15/4		_
21	Action Dualiess	26. Walling Address	•		"	59-1424179			pplied For at Applicable	-
Suite, Apt. # etc. Suite, Apt. #, etc.			 						Additional	1
22 27						Certificate of Status Desired	<u>ا</u>	Fee Re		
Cyy & Stat	·¢	City & State	City & State			Election Campaign Financing	P1	\$5.00		ı
23 Zip	Country	28]		intry		Trust Fund Contribution	<u> </u>	Added to		-
24	25	29	դ ՝ իդ		8.	This corporation has liability for in	ntangible tax] Yes : [] N		199.032,	
27 .	9. Name and Address of Current		1001		10.	Name and Address of New Re		*************		1
A	1101			81 Name						1
Skinner, Hal				82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)				***	┨
50 N Laura St 3300										
1	Sonville FL 3	9 2 01		83						
Jack	Sonville 12			84 City		· · · · · · · · · · · · · · · · · · ·	C1 8	5 Zip C	Code	1
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida 5	Statutes, the a	l l	rporatio	o submits this statement for the o	L'Oose of chi	anning its	haratsinas s	4
office or r	registered agent, or both, in the State o	of Florida. Such change:	was authorize	d by the corpor	ration's t	poard of directors. I hereby accep	the appoint	ment as	registered	1
,	in that has with and accept the obligat		o, Florida ota	idics.						
SIGNATURI	Signature, type it or princial name of registered agen		(NOTE Registero	d Agent signature rec			DATE			1_
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC]§
TIME	PD DELETE Horne, Donis P			1 1 TITLE 12 NAME				Change	Addition	9
NAM: STREET ADDRESS	Horne, Donis P 5000 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 VD DELETE			13 STAEET ADDRESS						3
CHY-SI-Z-P	Ponte Vedra Bed	ach . FL 320	82 140	TY-ST-ZIP			i			l X
T/[.F	٧D	☐ DELET	E 21TI					Change	☐ Addition	לן
NAM:	HORNE, ELLIOTT			22 NAME						
STREET ACTIVITIES 2	5000 Sawgran Village Circle Ponte Vedra Beach, FL 37087			2 3 STREET ADDRESS						
CLY SI 76	Ponte Vedra Beac	h, FL 370	82 240	TY-ST-ZIP			······	Phases		4
1-1LE NAME	Brownfield, Thoma	is R.	31 11 32 N	TLE .			L	Change	Addition	
CARLET FUURISCE Heist	5000 Sawgram VIII	age Circle		REET ADORESS						
0EV+SE-7/4	Ponte Vedra Bea	ch FL 320	089 34.0	ITY-ST-ZIP					_	
111.E		[] DELET	F A S TO			· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
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STREET ALFIRESS	5000 Sawgrass Vil	lage circu	4 3 S	REET ADDRESS			٠,	~ {/`		
(dia SL7#	Punte Vedra Bea	ch PL 3a		TY-ST-ZIP				, N	LANGE	-
1/11 f		☐ DELET	51 TE 52 NJ				L	Change	Addition	
NAME SUBSELLALORESS				REET ADDRESS						
(27 SL 24 (27 SL 24				TY-ST-ZIP						
1 111		☐ D£LF.T			***************************************			Change	Addition	1
NAME			62 N	AME '		50000216 -05/07/97010 ***165.00	5947	,5		
5586 ET ALC 00 SN			638	6.3 STREET ADDRESS		-U5/U7/37U1U ***100 00	155U3.	Ĺ		
(ii v S) 7if	the state of the s	with this files day		TY-ST-ZIP	ad in C-				ib	1
infore at-o	by cerefy that the information supplied on indicated on this annual report or su	ipplemental annual repo	irt is true and a	accurate and th	nat my sig	gnature shall have the same legal	l effect as if n	nade und	der oath: that	t
Landan G appears	flicer or director of the corporation or I ii Block 12 or Block 13 if shapped, or	ine receiver or trustee er on an alfachment with s	ripowered to e address.	ixecute this rep	orias re	equired by Chapter 607, Florida S	latutes; and t	nat my n	ame	
		_								1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONIS P. HORNE