FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **620459** **(8)**

1. Corporation Name
FIRE COMBAT, INC.

Principal Place of Business	Mailing Address
2650 INDUSTRIAL PARKWAY P.O. BOX 407 MARINETTE WI 54143-0407	2650 INDUSTRIAL PARKWAY P.O. BOX 407 MARINETTE WI 54143-0407

3. Date Incorporated or Qualified: **05/03/1979**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1951149** ☐ 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

KARGARD, RAYMOND
2100 S OCEAN LN
APT 1403
FT. LAUDERDALE FL 33316

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KARGARD, RAYMOND 2100 S OCEAN LANE #1403 FT LAUDERDALE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDRESEN, RAYMOND 950 COUNTRYSIDE DR #119 PALATINE IL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSDEN, KENNETH 301 W. BAYSHORE ST. MARINETTE WI	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUMAN, MERRITT 2739 RIVERSIDE AVENUE MARINETTE WI	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEBSTAD, BRADFORD 1983 CAMPHILL CIRCLE INVERNESS IL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMBS, CLIFFORD C 2529 WOODVIEW LANE MARINETTE WI	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR/PRESIDENT/CEO MARC V. GROSS 6030 RIDGE ROAD SHOREWOOD, MN 55331	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D COMBS, C. CLIFFORD	☒ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Raymond Kargard RAYMOND KARGARD 2/2/96 954-523-7816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #