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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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: 04/30/1996

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KARGARD, RAYMOND		1.2 NAME		
STREET ADDRESS	2100 S OCEAN LANE #1403		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDRESEN, RAYMOND		2.2 NAME		
STREET ADDRESS	950 COUNTRYSIDE DR #119		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL		2.4 CITY-ST-ZIP		
TITLE	DCEO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, MARC V.		3.2 NAME		
STREET ADDRESS	6030 RIDGE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHOREWOOD MN		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAUMAN, MERRITT		4.2 NAME		
STREET ADDRESS	2739 RIVERSIDE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARINETTE WI		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SEBSTAD, BRADFORD		5.2 NAME		
STREET ADDRESS	1983 CAMPHILL CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COMBS, C. CLIFFORD		6.2 NAME		
STREET ADDRESS	2529 WOODVIEW LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARINETTE WI		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED — 3/19/97 — 715-735-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #