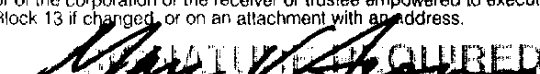


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 2650 INDUSTRIAL PARKWAY P.O. BOX 407 MARINETTE WI 54143-0407		Mailing Address 2650 INDUSTRIAL PARKWAY P.O. BOX 407 MARINETTE WI 54143-0407	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
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 _____ (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 CAMPBELL 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	
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: 		3/19/97 715-735-9058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)