FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **690661** **(4)**

1. Corporation Name
FIRE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1867 CARAVAN TRAIL #103 JACKSONVILLE FL 32216	1867 CARAVAN TRAIL #103 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1981**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 RR 4 BOX 445A	26 RR 4 BOX 445A
22 Suite, Apt. #, etc.: OFF HWY 349	27 Suite, Apt. #, etc.: OFF HWY 349
23 City & State: LIVE OAK FL	28 City & State: LIVE OAK FL
24 Zip: 32060 25 County: SUWANNEE	29 Zip: 32060 30 County: SUWANNEE

4. FEI Number: **59-2104443** ☐ 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	10. Name and Address of New Registered Agent
FINNEY, GLORIA DEANE 2527 EMILY LANE JACKSONVILLE FL 32216	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): RR 4 BOX 445A 83 84 City: LIVE OAK FL 85 Zip Code: 32060

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: Gloria Deane Finney (Typed or printed name of registered agent and title if applicable) DATE: April 25, 1995 (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☑ Change ☐ Addition
NAME	TILLISON, PAMELA JEAN	12 NAME	DELETE
STREET ADDRESS	2527 EMILY LANE	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☑ Change ☐ Addition
NAME	FINNEY, JOHN EUGENE JR	22 NAME	
STREET ADDRESS	2527 EMILY LANE	23 STREET ADDRESS	RR4 BOX 445A
CITY ST ZIP	JACKSONVILLE, FL 00000	24 CITY ST ZIP	LIVE OAK FL 32060
TITLE	VT	31 TITLE	VTSD ☑ Change ☐ Addition
NAME	FINNEY, GLORIA DEANE	32 NAME	
STREET ADDRESS	2527 EMILY LANE	33 STREET ADDRESS	RR 4 BOX 445A
CITY ST ZIP	JACKSONVILLE, FL 00000	34 CITY ST ZIP	LIVE OAK FL 32060
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Gloria D. Finney (GLORIA D. FINNEY) 4-25-95 9047761741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017043 CP