FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-19-96 B-1272 C

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

DOCUMENT # 704990 (1)

1. Corporation Name
HOBE SOUND FIRST AID SQUAD, INC.

Principal Place of Business	Mailing Address
9000 ATHENA P O BOX 213 HOBE SOUND FLORIDA 33475	9000 ATHENA P O BOX 213 HOBE SOUND FLORIDA 33475

3. Date Incorporated or Qualified: **12/31/1962**
3a. Date of Last Report: **06/16/1995**

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: **59-6146111** ☐ 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

TAPLIN, NORMAN E. ESQ
~~C/O FINE, JACOBSON & SCHWARTZ~~ C/O EDWARDS & ANGELL
~~180 ROYAL PALM WAY STE 204~~ 250 ROYAL PALM WAY, #300
PALM BEACH FL 33480

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	~~VPS~~	☐ DELETE
NAME	BONNELL, ALBERTA	
STREET ADDRESS	7130 SE BLUEBIRD CIR	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	☒ DELETE
NAME	BOLEY, LESLIE	
STREET ADDRESS	778 CONTINENTAL DR.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	P	☐ DELETE
NAME	MILLER, LEE	
STREET ADDRESS	8389 SE CAMELLIA DR	
CITY-ST-ZIP	HOBE SOUND, FL 00000	
TITLE	D	☐ DELETE
NAME	OWEN, DIANA	
STREET ADDRESS	8546 S.E. MARS ST.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	~~SDT~~	☐ DELETE
NAME	FATORRI, ARMAND	
STREET ADDRESS	12850 S.E. LAUREL VALLY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	☐ DELETE
NAME	WALSH, FRED H.	
STREET ADDRESS	9078 S.E. STAR ISLAND WY	
CITY-ST-ZIP	HOBE SOUND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Field	Value	Change	Addition
1.1 TITLE	VP, T	☒ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D	☐ Change	☒ Addition
2.2 NAME	Durjan, Barbara Jean		
2.3 STREET ADDRESS	13000 S.E. Powerline Drive		
2.4 CITY-ST-ZIP	Hobe Sound, FL		
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	S	☒ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP	ADDITIONAL DIRECTORS ON SHEET ATTACHED		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 (Date) 546-4469 (Daytime Phone #)

CR2E037 (12/95)

Re: HOBE SOUND FIRST AID SQUAD, INC.
Doc. #704990

12. Officers and Directors

Title	D
Name	Maehlenbrock, Don
Street Address	7767 S.E. Continental Drive
City-ST-Zip	Hobe Sound, FL

Title	D
Name	Granims, Tony
Street Address	P.O. Box 4113
City-ST-Zip	Tequesta, FL 33469