FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:17

DOCUMENT # **706349** **(8)**

1. Corporation Name

FLORIDA FIRE EQUIPMENT DEALERS, INC.

Principal Place of Business	Mailing Address
532 COLORADO AVENUE STUART FL 34994	532 COLORADO AVENUE STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1963
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0080798 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 118 North Service St.	26 118 North Service St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Placid, FL	City & State 28 Lake Placid, FL
Zip / Country 24 33852 / 25 Highlands	Zip / Country 29 33852 / 30 Highlands

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORSE, DOUGLAS
1500 LAKESIDE TRAIL
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: William D. Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 118 North Service St.
83
84 City: Lake Placid, FL 85 Zip Code: 33852

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: William D. Johnson — 5-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	COUTS, MIKE	12 NAME	David Williams	
STREET ADDRESS	5370 JAEGER RD	13 STREET ADDRESS	221 W. Magnolia	
CITY-ST-ZIP	NAPLES FL 33942	14 CITY-ST-ZIP	Arcadia, FL 33821	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	WILLIAMS, DAVE	22 NAME	George Higgs	
STREET ADDRESS	221 W MAGNOLIA	23 STREET ADDRESS	9204 E. Broadway	
CITY-ST-ZIP	ARCADIA FL 33821	24 CITY-ST-ZIP	Tampa, FL 33619	
TITLE	TD	31 TITLE	TD	☐ Change ☐ Addition
NAME	MORSE, DOUGLAS	32 NAME	William D. Johnson	
STREET ADDRESS	1500 LAKESIDE TRAIL	33 STREET ADDRESS	118 North Service ST.	
CITY-ST-ZIP	STUART FL 34994	34 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MELAND, PAM	42 NAME	SAME	
STREET ADDRESS	3619 N.W. 2ND AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: William D. Johnson — William D. Johnson — 5-17-95 — 813-465-2569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0020928