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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706349**

1. Corporation Name
FLORIDA FIRE EQUIPMENT DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
118 NORTH SERVICE ST LAKE PLACID FL 33852 US	118 NORTH SERVICE ST LAKE PLACID FL 33852 US

2. Principal Place of Business 21 502 E. Jefferson Street 22 Suite, Apt. #, etc. 23 City & State: Tallahassee FL 24 Zip: 32301 25 Country: USA	2a. Mailing Address 26 P.O. Box 11254 27 ~~Tallahassee~~ 28 City & State: Tallahassee FL 29 Zip: 32302 30 Country: USA	3. Date Incorporated or Qualified: 10/30/1963 4. FEI Number: 65-0080798 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM D
118 NORTH SERVICE ST
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name: Bo Alligood
82 Street Address (P.O. Box Number is Not Acceptable): 319 Racetrack Rd NE
83
84 City: Ft Walton Beach FL 85 Zip Code: 32547

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: Walter L. Alligood 4-20-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, WILLIAM D 118 NORTH SERVICE ST LAKE PLACID FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES BO ALLIGOOD 319 RACETRACK RD NE FT WALTON BEACH, FL 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALLIGOOD, BO 319 RACETRACK RD NE FT WALTON BCH FL 32547	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRES DENNIS AIELLO 3312 NW 47TH AVE COCONUT CREEK, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HIGGS, DOUGLAS 9204 E. BROADWAY AVE. TAMPA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREAS CHARLENE LAMOS 1800 ACME ST ORLANDO FL 32805	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MELAND, PAM 3619 N.W. 2ND AVENUE MIAMI FL 33127	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SEC CONNIE A. BOBIK 943C TAFT VINELAND RD ORLANDO FL 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter L. Alligood SIGNATURE REQUIRED 4-20-99 850/862-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)