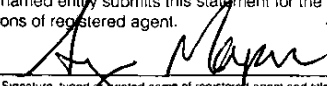
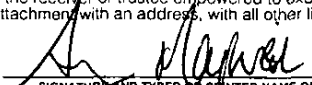


FFEDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 706349 1. Entity Name FLORIDA FIRE EQUIPMENT DEALERS ASSOCIATION, INC.				FILED 07 MAY -1 PM 2:21 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 325 JOHN KNOX ROAD L103 TALLAHASSEE, FL 32303 US		Mailing Address 325 JOHN KNOX ROAD L103 TALLAHASSEE, FL 32303 US			
DO NOT WRITE IN THIS SPACE				02122007 No Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3576784				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAPIER, AMY 325 JOHN KNOX ROAD L103 TALLAHASSEE, FL 32303			DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE: 2-15-2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		400101631254 05/07/07--01004--027 **61.25 DO NOT WRITE IN THIS SPACE	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IPOCK, J.T. 5863 W BEAVER ST. JACKSONVILLE, FL 322542868				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOBIK, MICHAEL 3209 KNOX MCRAE DR. TITUSVILLE, FL 32780				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED NAPIER, AMY 325 JOHN KNOX ROAD L103 TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIS, MICHAEL JR PO BOX 1699 WINTER HAVEN, FL 33882				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERWOOD, PAUL 37 TUPELO AVE. FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEARN, ARNOLD JR. 1496-1502 DIXIE HWY DANIA BEACH, FL 33004				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 2-15-07 850-224-0711 Daytime Phone #	