

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706436 (3)

1. Corporation Name

LEALMAN FIRE & RESCUE, INC.

Principal Place of Business

4017 56TH AVE. NORTH
ST PETERSBURG FL 33714

Mailing Address

4017 56TH AVE. NORTH
ST PETERSBURG FL 33714-1737

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/18/1963

3a. Date of Last Report

01/30/1996

4. FEI Number

59-1203451

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

BASSETT, LARRY F
4017 56TH AVE. NORTH
ST PETERSBURG FL 33714

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

| | | |
|-----------------|-------------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | BRITNER, DAVID A. | |
| STREET ADDRESS | 5016 62ND STREET NORTH | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSON, PAUL | |
| STREET ADDRESS | 4550 39TH STREET NORTH | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WOLFF, GERALD J. | |
| STREET ADDRESS | 520 28TH STREET NORTH LOT 609 | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, LINDA L. | |
| STREET ADDRESS | 7750 JUSTIN COURT NO. | |
| CITY - ST - ZIP | ST PETERSBURG, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HARRIMAN, FRED W | |
| STREET ADDRESS | 4613 55TH AVENUE NO. | |
| CITY - ST - ZIP | ST PETERSBURG, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------------------|--|
| 1.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BASS, JENNIFER H. | |
| 1.3 STREET ADDRESS | 3140 - 57TH AVENUE NO. | |
| 1.4 CITY - ST - ZIP | ST. PETERSBURG, FL 33714 | |
| 2.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LITTON, KATHLEEN Q. | |
| 2.3 STREET ADDRESS | 7701 40TH AVENUE NO. | |
| 2.4 CITY - ST - ZIP | ST. PETERSBURG, FL 33709-4322 | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | WOLFF, GERALD J | |
| 3.3 STREET ADDRESS | 520 28TH STREET NO. LOT 609 | |
| 3.4 CITY - ST - ZIP | ST. PETERSBURG, FL 33714 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA L. CAMPBELL, PRES-DIRECTOR

Date

Daytime Phone # 0051061

CR2E037 (9/96)