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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706436					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/18/1963 4. FEI Number 59-1203451 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BASSETT, LARRY F 4017 56TH AVE. NORTH ST PETERSBURG FL 33714			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VD <input checked="" type="checkbox"/> DELETE NAME BASS, JENNIFER H. STREET ADDRESS 3140-57TH AVE. NO. CITY-ST-ZIP ST. PETERSBURG FL			1.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Michael Brophy 1.3 STREET ADDRESS 4120 - 50 Street North 1.4 CITY-ST-ZIP St.Petersburg, FL 33709		
TITLE SD <input type="checkbox"/> DELETE NAME LITTON, KATHLEEN Q. STREET ADDRESS 7701 40TH AVE. NO. CITY-ST-ZIP ST. PETERSBURG FL			2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME WOLFF, GERALD J. STREET ADDRESS 520 28TH STREET NORTH LOT 609 CITY-ST-ZIP ST. PETERSBURG FL			3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Sharon E. McManus 3.3 STREET ADDRESS 8120 - 50 Avenue North Apt B 3.4 CITY-ST-ZIP St.Petersburg, FL 33709-2234 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD <input type="checkbox"/> DELETE NAME CAMPBELL, LINDA L. STREET ADDRESS 7750 JUSTIN COURT NO. CITY-ST-ZIP ST PETERSBURG, FL 00000			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE VD <input checked="" type="checkbox"/> DELETE NAME HARRIMAN, FRED W STREET ADDRESS 4613 55TH AVENUE NO. CITY-ST-ZIP ST PETERSBURG, FL 00000			5.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Robert Carter 5.3 STREET ADDRESS 2424 - 50 Avenue North Lot 11 5.4 CITY-ST-ZIP St.Petersburg, FL 33709-2234 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/88)