

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **707199** (6)

1. Corporation Name

SEMINOLE FIRE RESCUE, INC.



Principal Place of Business

Mailing Address

**11195-70 AVENUE NORTH
SEMINOLE FL 34642**

**11195-70 AVENUE NORTH
SEMINOLE FL 34642**

3. Date Incorporated or Qualified

04/24/1964

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1143017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. 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

**VICKI L. MURPHY
11195 70TH AVE. N.
SEMINOLE FL 34642**

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

Vicki L. Murphy

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BROCK, JAMES C JR**
STREET ADDRESS **12276 106TH AVE. NORTH**
CITY-ST-ZIP **LARGO FL 34648**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **LITTEN, GENE**
STREET ADDRESS **11196 66TH TERRACE NORTH**
CITY-ST-ZIP **SEMINOLE FL 34642**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **GLENN, ROBERT**
STREET ADDRESS **13740 OAK FOREST BLVD. N**
CITY-ST-ZIP **SEMINOLE FL 34646**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **HARTSTEIN, WILLIAM P**
STREET ADDRESS **11189 VALENCIA AVE.**
CITY-ST-ZIP **SEMINOLE FL 34642**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **ADAMS, MICHAEL J**
STREET ADDRESS **8122 83RD ST. NORTH**
CITY-ST-ZIP **SEMINOLE FL 34642**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **PATULA, NANCY**
STREET ADDRESS **11748 103RD ST NORTH**
CITY-ST-ZIP **LARGO FL 34643**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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

6/24/96

813-341-4995

Daytime Phone #

0015297

CR2E037 (3/96)