FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:23

DOCUMENT # 729021 (6)

1. Corporation Name
EAST LAKE FIRE AND RESCUE, INC.

Principal Place of Business	Mailing Address
3375 TARPON LAKE BLVD PALM HARBOR FL 34685	3375 TARPON LAKE BLVD PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1974
3a. Date of Last Report: 03/02/1994
4. FEI Number: 23-7363939 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TAYLOR, RONALD W.
12117 N. EDISON AVE.
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: Ronald W. Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 12117 N. Edison Avenue
83
84 City: Tampa FL 85 Zip Code: 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ronald W. Taylor — 2/2/95
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	C	1.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	GENHOLD, ROBERT S	1.2 NAME	Robert J. Pasqua	
STREET ADDRESS	1199 DARTFORD DR.	1.3 STREET ADDRESS	3541 Fairway Forest Drive	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Palm Harbor, Florida 34685	
TITLE	P	2.1 TITLE	Chairman	☒ Change ☐ Addition
NAME	DEDMAN, CHARLES O	2.2 NAME	Charles O. Dedman	
STREET ADDRESS	571 HOLLOWTREE PLACE	2.3 STREET ADDRESS	571 Hollowtree Place	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs, Florida 34689	
TITLE	PD	3.1 TITLE	Treasurer-Director	☒ Change ☐ Addition
NAME	NOBLES, JAMES M	3.2 NAME	James M. Nobles	
STREET ADDRESS	1200 TARPON WOODS BLVD, S-1	3.3 STREET ADDRESS	1200 Tarpon Woods Blvd. S-1	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Palm Harbor, Florida 34685	
TITLE	SD	4.1 TITLE	President	☒ Change ☐ Addition
NAME	CANNON, MELODY K	4.2 NAME	Wilbur F. Cannon, Jr.	
STREET ADDRESS	5460 STALLION LAKE DRIVE	4.3 STREET ADDRESS	5460 Stallion Lake Drive	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, Florida 34685	
TITLE	TD	5.1 TITLE	VicePresident/Director	☒ Change ☐ Addition
NAME	FERGUSON, WAYNE	5.2 NAME	Wayne E. Ferguson	
STREET ADDRESS	3507 FAIRWAY FOREST DR.	5.3 STREET ADDRESS	3507 Fairway Forest Drive	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	Palm Harbor, Florida 34685	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Robert J. Pasqua — 2/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060340