

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761646 (9)

SEBRING FIREMEN, INC.



Principal Place of Business: **301 NORTH MANGO SEBRING FL 33870**
Mailing Address: **301 NORTH MANGO SEBRING FL 33870**

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

3. Date Incorporated or Qualified: **01/28/1982**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-2967829**
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

**SWAIN, J MICHAEL
245 SOUTH COMMERCE
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PD	GOSE, MARK	301 N. MANGO SEBRING FL	<input checked="" type="checkbox"/> DELETE							
		VPD	ADAMS, SKIP	301 N. MANGO SEBRING FL	<input type="checkbox"/> DELETE						
	SD	FREELAND, ROBERT	301 N MANGO SEBRING FL	<input checked="" type="checkbox"/> DELETE							
	TD	TRAVERS, DAVE	301 N MANGO SEBRING FL	<input type="checkbox"/> DELETE							

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	JADY HILL, PD	301 N. MANGO SEBRING FL	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
	SAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition							
	SD	WENALL WHITEHOUSE	301 N. MANGO ST. SEBRING FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
	TD	SAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition							

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 mentioned 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: *Dave Travers* (DAVE TRAVERS) 1-22-96 941-655-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Ea. Day Phone #)

CR2E037 (12/95)