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 MAY -1 PM 1:07

DOCUMENT # 770540 (3)

1. Corporation Name
THE NEW BREED OF FIREFIGHTERS, INC.

Principal Place of Business	Mailing Address
5204 NORTH 34TH STREET BOX 5512 TAMPA FL 33610	5204 NORTH 34TH STREET BOX 5512 TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1983
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2350021 ☐ 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 P.O. Box 5512
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TAMPA, FL
Zip 24 / Country 25	Zip 29 33675 / Country 30

9. Name and Address of Current Registered Agent

MURPHY, WILLIAM P.
1511 N. MORGAN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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 _____ (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	PD	11 TITLE	☐ Change ☐ Addition
NAME	FORWARD, THOMAS E	12 NAME	
STREET ADDRESS	19501 COACHLIGHT WAY	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SHIPP, RONALD	22 NAME	
STREET ADDRESS	502 SANDY CREEK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SHULER, EUGENE	32 NAME	
STREET ADDRESS	2913 ST. CONRAD	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, WILLIE C.	42 NAME	
STREET ADDRESS	5845 LANGSTON DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	SD same	51 TITLE	☑ Change ☐ Addition
NAME	MCRAE, ERWIN M	52 NAME	
STREET ADDRESS	6812 MARKSTOWN DRIVE	53 STREET ADDRESS	2528 SEAFORD CIR
CITY-ST-ZIP	TEMPLE TERRACE FL	54 CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	DARNS, PHILLIP	62 NAME	
STREET ADDRESS	8748 HAMPDEN DRIVE	63 STREET ADDRESS	P.O. Box 2204
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	LUTZ, FL 33549

REMITTED BY MAIL

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: William P. Murphy May 6, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053977