

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra G. Mortman
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:15

DOCUMENT # F93000003927 (1)

1. Corporation Name

FERRARA FIRE APPARATUS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/30/19933a. Date of Last Report
06/16/19944. FEI Number
72-1129363Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 27855 James Chapel Road, N

26 P. O. Box 249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Holden, Louisiana

28 Holden, Louisiana

Zip Country

Zip Country

24 70744 25 USA

29 70744-0249 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLIGAN, PATRICK G
C/O GILLIGAN & KING, P.A.
7 EAST SILVER SPRINGS BLVD., STE. 405
OCALA FL 34470

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME FERRARA, CHRIS
STREET ADDRESS 5823 LAKE SHADOW
CITY-ST-ZIP BATON ROUGE LA 708171.1 TITLE ☐ Change ☐ AdditionTITLE SD
NAME FERRARA, ANGELA
STREET ADDRESS 5823 LAKE SHADOW
CITY-ST-ZIP BATON ROUGE LA 708171.2 NAME ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ 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 191.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a filing statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR