FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9300005690 (3)

LUVERNE FIRE APPARATUS CO., LTD.

cipal Place of Business	Mailing Address		
1209 E. BIRCH STREET Brandon SD 57005-2003	1209 E. BIRCH STREET BRANDON SD 57005-2002		
2. Principal Place of Business	2a. Mailing Address		

FILED Apr 29 1997 8:00am Secretary of State



Philippin of stoo-soc		•							
					3. Date Incorporated or Qualified	3a. Date o	f Last Fleport		
					12/15/1993	12/15/1993 04/24/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For		
21		26			46-0416545		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$	8.75 Additional			
27					b. Certificate of Status Desired	<u> </u>	Fee Required		
City & State City & State				6. Election Campaign Financing	;	\$5.00 May Be			
23		28			Trust Fund Contribution		Added to Fees		
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30		Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent					
MILNES, ROBERT B				81 Name					
300 VISCAYA AVENUE			-	82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134				or other reduced (i.e. box rumber is recombine)					
				83					
			-	84 City		8:	5 Zip Code		
				City		FL °	2 ip 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, typod or printed name of registered agent and title it applicable (NOTE fregistered Agent signature required when reinstating) DATE									
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		(
TITLE	P	☐ DELETE	1.1 1(1)	LE			Change		
NAME	MARKETON, WILLIAM		1.2 NA	ME			[2		
STREET ADDRESS	1209 E. BIRCH		1.3 STF	REE1 ADDRESS			ا ا		
CITY-ST-ZIP	BRANDON SD		1.4 CIT	Y - S1 - ZIP			18		
TITLE	CEO	☐ DELETE	2.1 101	LE			Change Addition C		
NAME	MELGAARD, A R		2.2 NAI	ME					
STREET ADDRESS	1200 E. BIRCH ST. 238		23 STF	HEFT ADDRESS					
CITY-ST-ZIP	BRANDON SD 57005	SD 57005 2.4		Y-\$1-ZIP		14			
TITLE	ST	DELETE 3.13		LE			Change Addition		
NAME	METZ, CURTIS L		3.2 NAI	ME			İ		
STREET ADDRESS	1200 E. BIRCH ST.		3.3 STF	REET ADDRESS					
CITY-ST-ZIP	BRANDON SD 57005		3.4 CI	Y-ST-ZIP					
TITLE	٧	DELETE	4.1 717				Change Addition		
NAME	REEDY, J S		4. 2 NA	ME					
STREET ADDRESS	1209 E BIRCH ST		4.3 STE	EFT ADDRESS					
CITY-ST-ZIP	BRANDON SD			Y-ST-ZIP					
TITLE		DELETE					Change		
NAME			5.2 NA	ì					
STREET ADDRESS			53074	REE I ADDRESS					
CITY-ST-ZIP				Y-S1-ZIP					
TITLE		DELETE	5.4 CIT				Change Addition		
NAME		han	6.2 NAI	·					
STREET ADDRESS				REET ADDRESS					
	•								
CITY-ST-ZIP	by certify that the information supplie	ed with this filing does not one		Y-ST-ZIP	ated in Section 119 07(3)(i). Florida Statutes	L further cer	tify that the		

I do releasy certify that the minimation supplied with this filling does not duality for the exemption stated in Section 1.19.07(3)(i). Florida Statutes, afford 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 findinged or on an attachment with an address.

CICMATUDE.

4/21/07

(605) 582-2300