

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:13

DOCUMENT # **G86006** (5)

1. Corporation Name  
**MEDICAL TRANSPORT SERVICE, INC.**

Principal Place of Business: **3238 S. FLORIDA AVENUE SUITE A INVERNESS FL 34450 US**  
Mailing Address: **P.O. BOX 2077 INVERNESS FL 34451 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/22/1984**  
3a. Date of Last Report: **03/24/1994**

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For  |
| 21                             | 26                  | <b>59-2385385</b>   | Not Applicable   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| City & State                   | City & State        | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23                             | 28                  |   |  |
| Zip                            | Country             | 24  | 25   |
| 29                             | 30                  |   |  |

|   |  |  |  |           |
|---|--|--|--|-----------|
| 9. Name and Address of Current Registered Agent                                   |  | 10. Name and Address of New Registered Agent |  |           |
| <b>GAFFNEY, KAREN O. ESQ<br/>452 S. PLEASANT GROVE RD.<br/>INVERNESS FL 34450</b> |  | B1   | Name   |           |
|   |  | B2   | Street Address (P.O. Box Number is Not Acceptable) |           |
|   |  | B3   |  |           |
|   |  | B4   | City   | <b>FL</b> |

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------|---|---|
| TITLE                      | <b>DP</b>                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LONGACRE, CYNTHIA A.</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>223 N. HEBRIDES PT.</b>  | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>INVERNESS FL</b>         | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <b>DV</b>                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TYNER, MARGARITE S.</b>  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>VASSAR AVENUE</b>        | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>INVERNESS FL</b>         | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <b>S</b>                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LONGACRE, JOHN C.</b>    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>223 N. HEBRIDES PT.</b>  | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>INVERNESS FL</b>         | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <b>T</b>                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TYNER, JAMES RALPH</b>   | 4.2 NAME  |   |
| STREET ADDRESS             | <b>VASSAR AVENUE</b>        | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>INVERNESS FL</b>         | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 5.2 NAME  |   |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                             | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: John Longacre Sec. 1-21-95 904-344-5969