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FILED  
Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J70558 (8)  
1. Corporation Name  
RURAL/METRO OF NORTH FLORIDA, INC.  
DBA GULF COAST AMBULANCE SERVICES, INC.

Principal Place of Business Mailing Address  
516 ELVA STREET 8401 INDIAN SCHOOL RD.  
MILTON FL 32754 SCOTTSDALE AR 85251-2855  
US US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1987	05/14/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2798471	Not Applicable
24 Country		29 Country		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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	
NAME	BOLIN, JAMES H	1.2 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	
NAME	FAGELLA, STEVE	2.2 NAME	FAGELLA, STEVEN M
STREET ADDRESS	8401 E. INDIAN SCHOOL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	UEBNER, MARK E	3.2 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LEE, STEVEN M	4.2 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	CROWELL, W R	5.2 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	TULLY, LORRAINE	6.2 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE

1/21/97 602481-3329

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