

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

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J70558

1. Corporation Name

Rural/Metro of North Florida, Inc.
DBA Gulf Coast Ambulance Services, Inc.

Principal Place of Business

Mailing Address

516 Elva Street
Milton, FL 32754
US

8401 E. Indian School Rd
Scottsdale, AZ 85251
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/30/1987

4. FEI Number

59-2798471

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

10. Name and Address of New Registered Agent

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, by word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD Warren S. Rustand
8401 E. Indian School Rd
Scottsdale, AZ 85251

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS Steven M. Faggella
8401 E. Indian School Rd
Scottsdale, AZ 85251

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD Mark E. Liebner
8401 E. Indian School Rd
Scottsdale, AZ 85251

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S Steven M. Lee
8401 E. Indian School Rd
Scottsdale, AZ 85251

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T William R. Crowell
8401 E. Indian School Rd
Scottsdale, AZ 85251

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

800002635398

-09/09/98--01059--010

***550.00

14. I 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.

CR2E034 (10/97)