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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1, Corporatio	Y FIRE EQUIPMENT, INC.	o (o)			
Principal Plac	e of Business	Mailing Address		I IRALONIN ANI HORIA HEBDI IRIBU BINDU HAN AYAN D	1811 416 11 81811 81811 81811 1881
C/O GERALD W. MELTON STOPETEROBURG PL 89715		C/O GERALD W. MELTON		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/15/1989	
2. Principal Place of Business		2a. Mailing Address	-	4. FEI Number	Applied For
SLSO-95 TH STREET NO.		26 5250 - 95TH STREET HO.		59-2937757	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. #;) <u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3 SAIRT PETELSOVE 6, FL. Zip County		City & State 28 SA/AT PRIECSBUAL, FL. Zip Codntry		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 337 o		29 33708	Codntry 30 FIRFLLAS	This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Registers	Yes No
11, Pursuant office or r agent. I a			is, the above-named cuthorized by the corporida Statutes. A BLOG — Registered Agent signature is	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	
	Signature, typed or printed hame of registered agen				ND DIOCOTODO IN 10
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	MELTON, GERALD W.	La biccit	1.2 NAME		De Ontango
STREET ADDRESS	-2008-21ST AVE: NORTH		13 STREET ADDRESS	5250-95 H STREET MUNTY, S	リアをタン
CITY-ST-ZIP	OT. PETERSBURG FL		1.4 CITY - ST - ZIP	SHINT PATENSHUNL, FL 33708	
TITLE	DST	DELETE	2.1 TITLE	7	☐ Change ☐ Addition
NAME	MELTON, CAROLYN M.		2.2 NAME	.	_ **
STREET ADDRESS	2009-21ST-AVE: NORTH		2.3 STREET ADDRESS	1250-9500 STREET MUNTHISU	リアをキュ
CITY-ST-ZIP	ST-PETERSBURG FL		2. 4 CITY - ST - ZiP	5250-95 ^{PH} STREET HUNTH I SU SAINT PRITINGUNU, FL. 33	08
TITLE		☐ DELETE		·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME .		T pretie	4.1 TILLE 4.2 NAME		CT OHRING CT MOUNTER
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 7/TLE		Change Addition

14. I hereby certify that the information supplied with this filling 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.

5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

54 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

1/5/98

FILED

Jan 22 1998 8:00am

Secretary of State

☐ Change

Addition