FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21528 (7)

1. Corporation Name

GULF SOUTH FIRE SAFETY EDUCATION ASSOCIATION INC ORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% HILDRED B HARRELSON 6122 MULDOON RD PENSACOLA FL 32526-1034	% HILDRED B HARRELSON 6122 MULDOON RD PENSACOLA FL 32526-1034

3. Date Incorporated or Qualified: 07/10/1987
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2859495 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % J.C.ABBOTT	26 % J.C. ABBOTT
Suite, Apt. #, etc. 22 1090 LANGLEY AVE.	Suite, Apt. #, etc. 27 1090 LANGLEY AVE.
City & State 23 PENSACOLA FL.	City & State 28 PENSACOLA FL.
Zip / Country 24 32504 / 25 ESCAMBIA	Zip / Country 29 32504 / 30 ESCAMBIA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRELSON, HILDRED, B
6122 MULDOON RD
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name: J.C. ABBOTT
82 Street Address (P.O. Box Number is Not Acceptable): 1090 LANGLEY AVE.
83
84 City: PENSACOLA FL. — FL — 85 Zip Code: 32504

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: James C. Abbott — 4/12/95
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	P	1.1 TITLE	P. ☒ Change ☐ Addition
NAME	HARRELSON, HILDRED, B	1.2 NAME	
STREET ADDRESS	6122 MULDOON RD	1.3 STREET ADDRESS	J.C. ABBOTT 1090 LANGLEY AVE.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL. 32504
TITLE	V	2.1 TITLE	V. ☒ Change ☐ Addition
NAME	WILLIAMS, JOHN, R	2.2 NAME	
STREET ADDRESS	106 MILTON RD	2.3 STREET ADDRESS	JIM E. SYPHURS 11120 LILLIAN HWY.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA FL. 32506
TITLE	T	3.1 TITLE	T. ☒ Change ☐ Addition
NAME	RAINES, JOSEPH, W	3.2 NAME	
STREET ADDRESS	268 ST PARTRICK AVE	3.3 STREET ADDRESS	FORNIE L. BALLARD 6636 BLACK OAK PL.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL. 32526
TITLE	S	4.1 TITLE	S. ☒ Change ☐ Addition
NAME	WILBANKS, LARRY, D	4.2 NAME	
STREET ADDRESS	1352 MARANTHA WAY	4.3 STREET ADDRESS	AL. GLINIECKI 3505-A SOUTHWIND DR.
CITY-ST-ZIP	PACE FL	4.4 CITY-ST-ZIP	GULF BREEZE FL. 32561
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	BOOZE, SIDNEY, G, JR	5.2 NAME	
STREET ADDRESS	7970 LANCELOT DR	5.3 STREET ADDRESS	SIDNEY G. BOOZE JR. 7970 LANCELOT DR.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA FL. 32514
TITLE	D	6.1 TITLE	D. ☒ Change ☐ Addition
NAME	SYPHURS, JAMES, E	6.2 NAME	
STREET ADDRESS	5220 MEDINA RD	6.3 STREET ADDRESS	LARRY D. WILBANKS 6488 HAMMOCK TRACE.
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	MILTON FL. 32583

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James C. Abbott — 4/12/95 — (904)452-2896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A01