SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

09-09-1999 90004 026 ****61.25

FILED

OCUMENT # N21528

Corporation Name

GULF SOUTH FIRE SAFETY EDUCATION ASSOCIATION INC ORPORATED

incipal Place of Business & J.C. ABBOTT 1090 LANGLEY AVE PENSACOLA FL 32504 IS Mailing Address

% J.C. ABBOTT 1090 LANGLEY AVE PENSACOLA FL 32504



			,
Principal Place of Business - 2a. Mailing Address		3. Date incorporated or Qualifed	F
To Rodney Daviels 26 % Rodney DA	tniels	07/10/1987	
Suite, Apt. #, etc. Suite, Apt. #, etc.	f	4. FEI Number	Applied For
6046 West Shope Dr. 27 6046 West S	hore Dr.	59-2859495	Not Applicable
City & State City & State	- (5. Certifcate of Status Desired	38.75 Additional
PENSACOLA, FL. 28 PENSACOLA,	1-L.	3. Octimosts of Status Desired	Fee Required
Zip Country Zip	Country	6. Election Campaign Financing	\$5.00 May Be
32526 25 ESCAMBIA 29 32526 30	ESCAMBIA	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
181 Name Rodney Daviels			
ATCH, CHRISTOPHER 82 Street Address (P.O. Box Number is Not Acceptable)			n
1311 EAGER DR. 6046 West shore 121.		и.	
PENSACOLA FL 32522	83		
	84 City ()	- 1 (^	85 Zip Code
	Ye/N	S4COLA	PL 32526
Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
GNATURE Kodney W. Janus Rodne	y W. JANIE	180 21	29/79
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required to	when reinstating) ADDITIONS/CHANGES TO OFFICE	DE AND DIRECTORS IN 12
OFFICERS AND DIRECTORS Delete	13. 1.1 ππΕ	ADDITIONS/CHANGES TO OFFICE	Change Addition
± , [, D	1.2 NAME		
RAMOS, JOHN			
TEET ADDRESS 10905 COUNTY RD. 83	1.3 STREET ADDRESS		Ì
Y-ST-ZIP ELBERTA AL	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
DANIELO DIU	2.2 NAME		
ANA WEAT OLIOPE DD	2.3 STREET ADDRESS	 +	
DENCACOLA EL 2050C			
Y-ST-ZIP PENSACULA PL 32320	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
LIATOR CUDICTORUED	32 NAME	BRAD WOLF.	
4044 EAOLE DD	3.3 STREET ADDRESS 7	05 NAGEL DI.	
DENIGACOLA EL	3.4, CITY-ST-ZIP	BRAD WOLF 05 NAGEL M. ENSACOLA, FL. 3:	2503
Y-ST-ZIP PENSACULA FL	4.1 TITLE	010 11 00 00	☐ Change ☐ Addition
VE COOK, CHADWICK	4. 2 NAME		
REET ADDRESS 6800 NOKOMIS RD.	4.3 STREET ADDRESS		•
Y-ST-ZIP WALNUT HILL FL	4.4 CITY-ST-ZIP		
E T DELETE	5.1 TITLE		☐ Change ☐ Addition
MILLER, CHARLES	5.2 NAME		ļ
REET ADDRESS 2017 HAMILTON CROSSING DR.	5.3 STREET ADDRESS		
Y-ST-ZIP CANTONMENT FL	5.4 CITY-ST-ZIP		
LE DELETE	6.1 TITLE		☐ Change ☐ Addition
√E .	6.2 NAME		
REET ADDRESS	6.3 STREET ADORESS		
l l	■		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

IGNATURE:

SIGNATURE AND TYPED OFFICIENTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/99

850/452/2896

CR2F037 (F