

(01)

DOCUMENT # N21528

1. Entity Name
GULF SOUTH FIRE SAFETY EDUCATION ASSOCIATION INC

FILED
Dec 18, 2000 8:00 A.M.
Secretary of State

Principal Place of Business Mailing Address
% RODNEY DANIELS % RODNEY DANIELS
6046 WESTSHORE DR 6046 WESTSHORE DR
PENSACOLA FL 32526 PENSACOLA FL 32526
US US



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

REINSTATEMENT

4. FEI Number 59-2859495 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANIELS, RODNEY
6046 WESTSHORE DR
PENSACOLA FL 32526

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE: *Rodney W. Daniels* Rodney W. DANIELS Sept 10, 2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25
9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS
TITLE PD Delete
NAME RAMOS, JOHN
STREET ADDRESS 10905 COUNTY RD. 83
CITY-ST-ZIP ELBERTA AL
TITLE VT Delete
NAME DANIELS, R.W.
STREET ADDRESS 6046 WEST SHORE DR
CITY-ST-ZIP PENSACOLA FL 32526
TITLE T Delete
NAME WOLF, BRAD
STREET ADDRESS 705 NAGEL DR
CITY-ST-ZIP PENSACOLA FL 32503
TITLE S Delete
NAME COOK, CHADWICK
STREET ADDRESS 6800 NOKOMIS RD.
CITY-ST-ZIP WALNUT HILL FL
TITLE T Delete
NAME MILLER, CHARLES
STREET ADDRESS 2017 HAMILTON CROSSING DR.
CITY-ST-ZIP CANTONMENT FL
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE Change Addition
NAME 300003514903--5
STREET ADDRESS -12/28/00--01006--004
CITY-ST-ZIP ****236.25 ****236.25
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *Rodney W. Daniels* Sept 10, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)