

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 FEB -1 AM 8:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N30758 (9)

1. Corporation Name

**OKEECHOBEE COUNTY SHERIFF'S SEARCH AND RESCUE AU
KILLARY, INC.**

Principal Place of Business

Mailing Address

**C/O VINCENT LAMARIANA
9999 NE 120TH STREET
OKEECHOBEE FL 34972-5538**

**C/O VINCENT LAMARIANA
9999 NE 120TH STREET
OKEECHOBEE FL 34972-5538**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1989

3a. Date of Last Report
02/15/1994

4. FEI Number

NOT APPLICABLE

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMARIANA, VINCENT
9999 NE 120TH STREET
OKEECHOBEE FL 34972-5538**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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, 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 **D**
NAME **CARLTON, D. STEPHEN**
STREET ADDRESS **103 N.W. 6TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL**

1.1 TITLE Change Addition
1.2 NAME **Director / Treasurer**
1.3 STREET ADDRESS **Steven D. Nelson**
1.4 CITY-ST-ZIP **1407 S.E. 8th Avenue**
Okeechobee, Florida 34974

TITLE **D**
NAME **O'CONNOR, MICHAEL G.**
STREET ADDRESS **1416 HIGHWAY 70 EAST**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D**
NAME **LAMARIANA, VINCENT**
STREET ADDRESS **9999 N.E. 120TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven D. Nelson

Steven D. Nelson

January 24, 1995 (813) 763-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

(Anytime) Phone #

5100

Director / Treasurer