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 MAY -1 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003332 (4)

1. Corporation Name

BAY AREA COUNCIL OF PROFESSIONAL FIREFIGHTERS & PARAMEDICS, INC.

Principal Place of Business	Mailing Address
104 COUNTRY CLUB DR SUITE C TAMPA FL 33612	104 COUNTRY CLUB DR SUITE C TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-3194492 ☐ 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

SUCARICHI, GEORGE P
104 COUNTRY CLUB DR
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SUCARICHI, GEORGE P	1.2 NAME	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROYAL, VICTORIA	2.2 NAME	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HALLMAN, B K	3.2 NAME	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHULDT, MARK	4.2 NAME	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	FERRIERO, JOHN	5.2 NAME	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	SARTORI, ROGER	6.2 NAME	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	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 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 changed, or on an attachment with an address.

SIGNATURE: George P Sucarichi 4/25/95 (813) 932-1155
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
George P. Sucarichi

0084194