FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000019121 (9)**

1. Corporation Name

E.M.S. SPECIALTIES, INC.

Principal Place of Business	Mailing Address
%WILLIAM SCOTT FOSTER 909 MAR WALT DR., SUITE 1014 FT. WALTON BEACH FL 32547	%WILLIAM SCOTT FOSTER 909 MAR WALT DR., SUITE 1014 FT. WALTON BEACH FL 32547

3. Date Incorporated or Qualified: 03/01/1995
3a. Date of Last Report

2. Principal Place of Business
21 c/o Richard Albritton, Jr.
Suite, Apt. #, etc
22 1042 Jenks Avenue
City & State
23 Panama City, FL
Zip 24 32401 Country 25 Bay

2a. Mailing Address
26 c/o Richard Albritton, Jr.
Suite, Apt. #, etc.
27 P.O. Box 1238
City & State
28 Panama City, FL
Zip 29 32402 Country 30 Bay

4. FEI Number: 59-3311609 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM S
909 MAR WALT DR.
SUITE 1014
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: RICHARD ALBRITTON, JR., ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1042 Jenks Avenue
83 P.O. Box 1238
84 City: Panama City, FL 85 Zip Code: 32401

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 Richard ALbritton, Jr., Esq. [signature] DATE March 18, 1996

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LISENBEE, DWIGHT L	
STREET ADDRESS	1122 PINOAK CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	☒ Change ☐ Addition
1 2 NAME	LISENBEE, DWIGHT L.	
1 3 STREET ADDRESS	1057 Oak Avenue	
1 4 CITY-ST-ZIP	Panama City, FL 32401	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DWIGHT L. LISENBEE 2-6-96 904-913-8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)