SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED PROFIT ARD FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State * 95 AUG 23 PM 12: 01 DIVISION OF CORPORATIONS 1996 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA P95000029110 (0) EMERGENCY ONE TRAINING SPECIALISTS, INC. Principal Place of Business Mailing Address 711 NORTH LAKE AVE P.O. BOX 4445 LEHIGH ACRES FL 33936 N FORT MYERS FL 33918 3a. Date of Last Report 3. Date Incorporated or Qualified 04/07/1995 N/A 2. Principal Prace of Business 4313 4th Street W. 2a. Mailing Address 4. FEI Number Applied For 65-0571022 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired n/a Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Lehigh Acres, Fl. Added to Fees 28 Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032 33936 USA Yes XX No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUMFLEET, STEPHEN A 711 NORTH LAKE AVE 82 Street Address (P.O. Box Number is Not Acceptable) LEHIGH ACRES FL 33936 83 **Z**[']p Code 84 City B5 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signative Type I or protestican is of registered agent and their applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)12. XX DELETE 1 1 TITLE TITLE Ian J. Hickin - "V" President 1.2 NAME NAME Stephen A. Humfleet 16400 Baypointe Blvd. #F102 STREET ADDRESS 1.3 STHEFT ADDRESS 4313 4th St. West N Ft. Myers, Fl. 33917 Lehigh Acres, Fl. 33971 Change XX Addition CITY - ST - ZIP 14 CITY ST-ZIF TITLE DELETE 2.1 1111.6 Sec/Treasurer 2.2 NAME NAME Dawn M. Humfleet STREET ADDRESS 2 3 STREET ADDRESS 4313 4th St West Lehigh Acres, Fl. 33971 Change Addition CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE TITLE 31 HILE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 34 CHY-ST-ZIE CiTY - ST - ZIP DELETE Change Add-tion TITLE 4.1 THE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY - ST - 7iP CITY-ST-ZIP DELETE TITLE 5 1 TITLE 1000019385 NAME 5.2 NAME -09/04/96--01158--016

14. I do hereby certify that the information supplied with this firing 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 a 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, that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

54 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - 7IP

CITY-ST-7IP

THILE

NAME

Shape Shifted - STEPHEN GONTHER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

HUMFLEET PRESIDENT 06/11/96

941-656-1600

Change Addition

Onytone Plante K

****225.00 ****225.00