


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  
AND  
FILED

95 AUG 23 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000029110 (0)</b> 1. Corporation Name: <b>EMERGENCY ONE TRAINING SPECIALISTS, INC.</b>					
Principal Place of Business <b>711 NORTH LAKE AVE LEHIGH ACRES FL 33936</b>			Mailing Address <b>P.O. BOX 4445 N FORT MYERS FL 33918</b>		
2. Principal Place of Business 21 <b>4313 4th Street W.</b> Suite, Apt #, etc. 22 <b>n/a</b> City & State 23 <b>Lehigh Acres, Fl.</b> Zip 24 <b>33936</b>		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 <b>USA</b>		3. Date Incorporated or Qualified <b>04/07/1995</b> 3a. Date of Last Report <b>N/A</b> 4. FEI Number <b>65-0571022</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HUMFLEET, STEPHEN A 711 NORTH LAKE AVE LEHIGH ACRES FL 33936</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Signature typed and printed name of registered agent and their applicable (If not, Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 11 TITLE NAME <b>Ian J. Hickin - "v"</b> <input checked="" type="checkbox"/> DELETE STREET ADDRESS <b>16400 Baypointe Blvd. #F102</b> CITY-ST-ZIP <b>N Ft. Myers, Fl. 33917</b> 12 NAME STREET ADDRESS CITY-ST-ZIP 13 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14 TITLE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE NAME STREET ADDRESS CITY-ST-ZIP 17 TITLE NAME STREET ADDRESS CITY-ST-ZIP 18 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE NAME <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>Stephen A. Humfleet</b> CITY-ST-ZIP <b>4313 4th St. West</b> 12 TITLE NAME <b>Sec/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>Dawn M. Humfleet</b> CITY-ST-ZIP <b>4313 4th St West</b> 13 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14 TITLE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE NAME STREET ADDRESS CITY-ST-ZIP 17 TITLE NAME STREET ADDRESS CITY-ST-ZIP 18 TITLE NAME STREET ADDRESS CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen Humfleet* **STEPHEN HUMFLEET**  
**PRESIDENT**

06/11/96

941-656-1600

CR2E034 (3/96)