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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000029110 (0)

1. Corporation Name

EMERGENCY ONE TRAINING SPECIALISTS, INC.



Principal Place of Business

Mailing Address

4313 4TH STREET W
LEHIGH ACRES FL 33936

P.O. BOX 4445
N FORT MYERS FL 33918-4445

2. Principal Place of Business

2a. Mailing Address

21 1113 Cleveland Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Lehigh Acres, Fl.

28

Zip

Country

Zip

Country

24 33972

25

USA

29

30

9. Name and Address of Current Registered Agent

HUMFLEET, STEPHEN A
711 NORTH LAKE AVE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name

Stephen A. Humfleet

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

83

1113 Cleveland Ave.

84

City Lehigh Acres

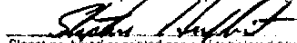
FL

85

Zip Code 33972

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



Stephen Humfleet, President

02/24/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HUMFLEET, STEPHEN A
STREET ADDRESS 4313 4TH STREET W
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ST ☐ DELETE

NAME HUMFLEET, DAWN M
STREET ADDRESS 4313 4TH STREET W
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 P ☒ Change ☐ Addition

1.2 NAME Humfleet, Stephen A.
1.3 STREET ADDRESS 1113 Cleveland Ave.
1.4 CITY-ST-ZIP Lehigh Acres, Fl. 33972

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Humfleet, Dawn M.
2.3 STREET ADDRESS 1113 Cleveland Ave.
2.4 CITY-ST-ZIP Lehigh Acres, Fl. 33972

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

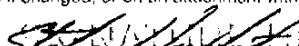
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



Stephen Humfleet

PRESIDENT

04/14/97

CR2E034 (9/96)