FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053242 (0)

APPLIED EMERGENCY MANAGEMENT, INC.

FILED Mar 23 1998 8:00am Secretary of State



Principat Place of Business Mailing Address 524 S. STAR AVENUE P O BOX 6412						4101 \$104 \$155 \$101 \$1410 URL 1051
PANAMA CIT		P O BOX 6412 PANAMA CITY FL 32404-012		DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualified 07/11/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		*** ******	4. FEI Number	Applied For
21		26			59-3327212	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oity & State)	City & State	├ ── '		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Cou	mte.	Trust Fund Contribution L	Added to Fees
Zip 24	25	Zip 29	30	и и у	 This corporation owes or has paid the Personal Property Tax due June 30. 	
24	9. Name and Address of Cur		30		10. Name and Address of New Regist	
LA	RK, LARRY T			81 Name		
524 S. ATAR AVENUE				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PA	NAMA CITY FL 32404			63		
				64 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	m familiar voti, and accept the ol	oligations of, Section 607.0505, F	TE Registere	d by the corpora		941, 98 DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PTDC CLARK LADDY T	☐ DELETE	1.1 10			Change Addition
NAME	CLARK, LARRY T 524 S \$TAR AVE		1.2 N	ame Treet address		
STREET ADDRESS CITY-ST-ZIP	PANAMA CITY FL			TY-ST-ZIP		
TITLE	DS	DELETE	2.1 1/			Change Addition
NAME	CLARK, CHERYL G		2.2 N	AME .		
STREET ADDRESS	524 S STAR AVE		2.3 ST	TREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		_	ITY-ST-ZIP		
TITLE		☐ DELETE	3171			Change L Addition
NAME			3.2 N			
STREET ADDRESS				IREET ADDRESS STY-ST-ZIP		
CITY+ST+ZIP TITLE		DELETE	4.1 Ti			Change Addition
NAME			4. 2 N	1		-
STREET ADDRESS			4.3 ST	TREET ADDRESS		
CITY - ST - ZIP			44C	ITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TI	TLE		Change Addition
NAME			52 N	AME		
STREET ADDRESS			4	TREET ADDRESS		
CITY-ST ZIP		DELETE		ITY-ST-ZIP		Change Addition
TITLE		ריז הנינונ	6.1 TI			CT cusuale CT variation
NAME CTOCKT ADDDCCC			6.2 N	- 1		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP			0.4 U	11 1 7 2 1 7 2 1 F	Castley 110 07/07/0 Florida Ctatutos 15 rd	ther partiful that the information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 or an attachment with an address. 850-871

SIGNATURE:

Clark Larry T Clark, fresident Man 1)

6962