

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 # P95000055744 (3)

1. Corporation Name

OSCEOLA FIRE SAFETY CO., INC.



Principal Place of Business

3520 SOUTH ORANGE AVENUE
ORLANDO FL 32806

Mailing Address

3520 SOUTH ORANGE AVENUE
ORLANDO FL 32806

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report
NONE

2. Principal Place of Business

2a. Mailing Address

21 3520 So. ORANGE AVE

26 3520 So. ORANGE AVE

4. FEI Number

59-3329122

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23 ORLANDO, FL

28 ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32806

25 USA

29 32806

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE CARLO, RALPH
2752-6 MICHIGAN AVE.
KISSIMMEE FL 34744

81 Name

RALPH DeCARLO

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

3520 So. ORANGE AVE

83

84 City

Kissimmee

FL

85 Zip Code

32806

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

RALPH DeCARLO

Ralph DeCarlo

MAY 1, 1996

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE P/T/D
1.2 NAME Ralph DeCarlo
1.3 STREET ADDRESS 102 White Birch Dr.
1.4 CITY-ST-ZIP Kissimmee, FL. 34743

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE V/S/D
2.2 NAME James D. McManama
2.3 STREET ADDRESS 823 Poplarwood Ln.
2.4 CITY-ST-ZIP Kissimmee, FL. 34743

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE D
3.2 NAME Danny Dyer
3.3 STREET ADDRESS 725 Ashley Ln.
3.4 CITY-ST-ZIP Orlando, FL 32825

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE D
4.2 NAME Greg Sproul
4.3 STREET ADDRESS 3855 Arrium Dr
4.4 CITY-ST-ZIP Orlando, FL. 32822

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE D
5.2 NAME Donna Wright
5.3 STREET ADDRESS 1810 Strafford Dr.
5.4 CITY-ST-ZIP Orlando, FL 32809

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: RALPH DeCARLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph DeCarlo

MAY 1, 1996 407-851-2985

DATE

DAYTIME PHONE #

CR2E034 (12/95)