

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 # **P95000061861 (7)**

1. Corporation Name

ALLIANCE FIRE PROTECTION, INC.



Principal Place of Business
**1525 W. KENNEDY BLVD.
SUITE F
TAMPA FL 33606**

Mailing Address
**1525 W. KENNEDY BLVD.
SUITE F
TAMPA FL 33606**

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report

4. FEI Number
65-0600704

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business
21 1720 W. Cleveland St.
Suite, Apt. #, etc.

2a. Mailing Address
26 1720 W. Cleveland St.
Suite, Apt. #, etc.

22 **Suite F**
City & State

27 **Suite F**
City & State

23 **Tampa, Florida**
Zip Country

28 **Tampa, Florida**
Zip Country

24 **33606** 25 **USA** 29 **33606** 30 **USA**

9. Name and Address of Current Registered Agent

**STENLUND, GARY
1525 W. KENNEDY BLVD.
SUITE F
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
Gary Stenlund

82 Street Address (P.O. Box Number is Not Acceptable)
1720 W. Cleveland St.

83
Suite E

84 City
Tampa

85 Zip Code
FL 33606

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	COB			
	STENLUND, GARY	1111 HUMINGBIRD LANE	BRANDON FL 33511	
	P			
	HUGHES, MICHAEL	6707 N. ORLEANS AVE.	TAMPA FL 33604	
	V			
	BERRY, BRYAN	2310 S. HUBERT STREET	TAMPA FL 33609	
	T			
	STEENSRUD, MARY L	8024 HIBISCUS DRIVE	TAMPA FL 33637	
	S			
	HARTSOCK, NARTON	4617 SYLVAN RAMBLE	TAMPA FL 33609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Hartsock, Barton

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: *Michael Hughes*, President

April 18, 1996 (813) 251-8944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)