

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000077393 (3)**

1. Corporation Name

AIR AMBULANCE CLUB, INC.



Principal Place of Business

**737 PINELLAS BAYWAY, STE. 104
TIERRA VERDE FL 33715-1950**

Mailing Address

**737 PINELLAS BAYWAY, STE. 104
TIERRA VERDE FL 33715-1950**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**LEHR, GREG
737 PINELLAS BAYWAY, STE. 104
TIERRA VERDE FL 33715-1950**

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report

4. FLE Number

59-3342671

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 of the person who is authorized to sign this report on behalf of the corporation

(If the filer is a foreign corporation, sign the report as required by the laws of the foreign country)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **DP LEHR, GREG**
STREET ADDRESS **737 PINELLAS BAYWAY, STE. 104**
CITY-ST-ZIP **TIERRA VERDE FL 33715-1950**

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition

NAME **VP/D ALLEN L. SCHWARZWALDER**
STREET ADDRESS **2553 SHAWHAN ROAD**
CITY-ST-ZIP **LEBANON, OH 45036**

2. TITLE ☐ Change ☒ Addition

NAME **SIT/D MARI LEE SCHWARZWALDER**
STREET ADDRESS **2553 SHAWHAN ROAD**
CITY-ST-ZIP **LEBANON, OH 45036**

3. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres./CEO

3-19-96 800-984-3203

CR2E034 (12/95)