

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000088100 (9)**

1. Corporation Name

**S & B FIRE/SAFETY CONSULTANTS, INC.**

Principal Place of Business

**125 RIDGECREST LANE  
WEWAHITCHKA FL 32465**

Mailing Address

**HC77 BOX 801  
WEWAHITCHKA FL 32465-9653  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/16/1995</b>	
21	Suite, Apt. #, etc.	26	<b>125 Ridgecrest LN</b>	4. FEI Number	<b>59-3352197</b>
22	City & State	27		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23	Zip	28	<b>Wewahitchka FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24	Country	29	<b>32465</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25		30	<b>GULF</b>		

9. Name and Address of Current Registered Agent

**STOKES, VIVIAN H  
125 RIDGECREST LANE  
WEWAHITCHKA FL 32465**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

*Vivian H. Stokes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-27-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STOKES, VIVIAN H</b>			1.2 NAME			
STREET ADDRESS	<b>125 RIDGECREST LANE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STOKES, JOHN C</b>			2.2 NAME			
STREET ADDRESS	<b>125 RIDGECREST LANE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLANKENSHIP, THOMAS</b>			3.2 NAME			
STREET ADDRESS	<b>121 RIDGECREST LANE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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:

*Vivian H. Stokes* Vivian H. Stokes 7-27-98 639-3998

CR2E034 (5/98)

(2)

Marketing

**S & B FIRE / SAFETY CONSULTANTS, INC.**

Training

HC77 Box 804, Wewahitchka, Florida 32465 / Phone: (904) 639-3999 Fax: (904) 639-3999

125 Ridgecrest Lane

John C. Stokes

Fire Protection Specialist

7-27-98

Division of Corporations  
P.O. Box 1500

Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Please accept the enclosed check as I never received the 1st Notice and being fairly new to this business I never remembered about it. Our Articles of Corp. are at the accountants office and they never notified me. The second Notice was left in someone else's box and I only received it yesterday when it was sent to me at Church. We have a lot of difficulty with our mail and I can't promise you that in the future this will be on time. I have already noted it in my Planner for Jan 1999. Thank you for your consideration

Sincerely,

Devian H. Stokes

S & B Fire Safety Consultants