

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000024673 (1)

1. Corporation Name
FLAGLER FIRE & SAFETY SERVICE, INC.



Principal Place of Business 1312 NORTH DAYTONA AVE. FLAGLER FL 32136	Mailing Address P.O. BOX 2461 FLAGLER BEACH FL 32136-2461
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3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report
4. FEI Number 59-3376721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2903 E. Moody BL.	2a. Mailing Address 26 PO Box 2483
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
23 City & State Bunnell FL	28 City & State Bunnell, FL
Zip 32110	Country Fla
24 32110	25 Fla
29 32110	30 Fla

9. Name and Address of Current Registered Agent
**GARRETT, MICHAEL L
1312 NORTH DAYTONA AVE.
FLAGLER FL 32136**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Michael L. Garrett* PROS DATE: **4-9-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETT, MICHAEL L	
STREET ADDRESS	1312 NORTH DAYTONA AVE.	
CITY - ST - ZIP	FLAGLER FL 32136	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CATOGGIO, ANTHONY	
STREET ADDRESS	28 CROSSBOW COURT	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D James A Buvased JR
2.3 STREET ADDRESS	480 Sawgrass Rd
2.4 CITY - ST - ZIP	Bunnell FL 32110
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, and if in Block 13, with an address.

SIGNATURE: *Michael L. Garrett* PROS DATE: **4-9-97** Daytime Phone #: **904-432-3473**

CR2E034 (9/96)