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

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -9 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000081201**

1. Corporation Name
FIRE FIGHTERS EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
3038 LENOX AVENUE JACKSONVILLE FL 32254	3038 LENOX AVENUE JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1997

4. FEI Number
59-3469373
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

STUCKEY, ALEX
360 CORPORATE WAY
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: Intrastate Registered Agent Corporatio
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue, Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisi... 05 ...d.607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered a... ...da. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fami... ...s of Section 607.0505, Florida Statutes.

SIGNATURE: ... (Signature of new registered agent, if applicable) (NOTE: Registered Agent Signature Required in Order for Filing) DATE: ...

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	CARPENTER, KEVIN		12 NAME	
STREET ADDRESS	P.O. BOX 2017 N/A		13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32067-2017		14 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	STUCKEY, ALEX		22 NAME	
STREET ADDRESS	360 CORPORATE WAY		23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****158.75 [ ] Change ****158.75 [ ] Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: ... 11-5-99 904,388-8542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #