

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 # **V49381** (9)  
1. Corporation Name  
**SOUTHERN COMFORT MEDICAL TRANSPORT, INC.**



Principal Place of Business

304 NW THIRD STREET  
LCR 124 OFF LCR 320  
CHIEFLND FL 32626  
US

Mailing Address

P. O. BOX 2144  
CHIEFLND FL 32626  
US

2. Principal Place of Business

21 303 NW 2 ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 2144  
Suite, Apt. #, etc.

City & State

23 CHIEFLAND FL

City & State

28 CHIEFLAND FL

24 Zip 32626 25 Country US

29 Zip 32644 30 Country US

9. Name and Address of Current Registered Agent

MARTIN, TOM  
304 NW THIRD STREET  
CHIEFLND FL 32626

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3047655

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, typed or printed name of registered agent and the date

(831) Registered Agent Signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, TOM	
STREET ADDRESS	P. O. BOX 2144 N/A	
CITY - ST - ZIP	CHIEFLND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, MARTHA	
STREET ADDRESS	P. O. BOX 2144 N/A	
CITY - ST - ZIP	CHIEFLND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, TOM	
STREET ADDRESS	P. O. BOX 2144 N/A	
CITY - ST - ZIP	CHIEFLND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTIN, MARTHA	
STREET ADDRESS	P. O. BOX 2144 N/A	
CITY - ST - ZIP	CHIEFLND FL	
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

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 in 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, changed, or on any attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(352)

4934932

CR2E034 (12/95)