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FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

303 NW 2ND ST
CHIEFLND FL 32626
US

Mailing Address

P. O. BOX 2144
CHIEFLND FL 32644-2144
US



3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MARTIN, TOM
304 NW THIRD STREET
CHIEFLND FL 32626

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 approved printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: 2/13/97
Daytime Phone: 752-497-9972

CR2E034 (9/96)