

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mathews
Secretary
STATE OF FLORIDA DEPARTMENT OF STATE

**APPROVED
AND
FILED**

DOCUMENT # **476620** (0)

95 MAY -1 AM 9:30

NATIONAL AMBULANCE BUILDERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Filing Office	2a. Mailed Address
230 N. ORTMAN DRIVE ORLANDO FL 32805	230 N. ORTMAN DRIVE ORLANDO FL 32805
21. Filing Office	26. Mailed Address
22. Filing Office	27. Mailed Address
23. Filing Office	28. Mailed Address
24. Filing Office	29. Mailed Address
30. Filing Office	30. Mailed Address

3. Date Incorporated (or Date of Reinstatement)	3a. Date of First Report
05/22/1975	05/01/1994
4. Filing Number	Appointee
59-1595463	Not Applicable
5. Certificate of Good Standing	\$8.75 Additional Fee Required
6. Election Campaign Finance and Trust Fund Contribution	\$5.00 May Be Added to Fees
8. Other State Filings	

9. Name and Address of Current Registered Agent

MCRORIE, CAROLYN
9409 FLORENCE AVE. E
ORLANDO FL 32805

10. Name and Address of New Registered Agent

CRAIG B. WARD, P.A.
Street Address (Do Not Register a Mail Acceptance)
105 E. Robinson Street, Suite 501
Orlando FL 32801

11. I, the undersigned, being a duly qualified and authorized officer or director of the corporation, do hereby certify that the above information is true and correct. I am duly authorized by the corporation's Board of Directors to accept this appointment as registered agent of the corporation.

Craig B. Ward 4-21-95

12. OFFICERS AND DIRECTORS

NAME	ADDRESS
OP WILLIS, IDUS E	2804 OVERLAKE ST. ORLANDO, FL 00000
ST MCRORIE, CAROLYN	9409 FLORENCE AVE. APOKA FL 32703
V CLOSSER, FRANK D.	7721 WESTRIDGE COURT ORLANDO FL 32810

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	ADDRESS	TYPE
		<input type="checkbox"/> Change <input type="checkbox"/> Amend
		<input type="checkbox"/> New <input type="checkbox"/> Amend
		<input type="checkbox"/> Change <input type="checkbox"/> Amend
		<input type="checkbox"/> New <input type="checkbox"/> Amend
		<input type="checkbox"/> Change <input type="checkbox"/> Amend
		<input type="checkbox"/> New <input type="checkbox"/> Amend

**SIGN
HERE**



14. I, the undersigned, being a duly qualified and authorized officer or director of the corporation, do hereby certify that the above information is true and correct. I am duly authorized by the corporation's Board of Directors to accept this appointment as registered agent of the corporation.

SIGNATURE: *Craig B. Ward* 4/27/95 (407) 299-0064