

**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 # **476620** (0)  
1. Corporation Name  
**NATIONAL AMBULANCE BUILDERS, INC.**



Principal Place of Business: **230 N. ORTMAN DRIVE ORLANDO FL 32805**  
Mailing Address: **230 N. ORTMAN DRIVE ORLANDO FL 32805**

3. Date incorporated or Qualified: **05/22/1975** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1595463** 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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country: Zip: Country:

9. Name and Address of Current Registered Agent  
**WARD, CRAIG B. P. A.  
105 E. ROBINSON STREET  
STE 501  
ORLANDO FL 32801**

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: **CRAIG B. WARD P. A.**

Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	OP	<input type="checkbox"/> DELETE
NAME	<b>WILLIS, IDUS E</b>	
STREET ADDRESS	<b>2804 OVERLAKE ST.</b>	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>MCRORIE, CAROLYN</b>	
STREET ADDRESS	<b>9409 FLORENCE AVE.</b>	
CITY - ST - ZIP	<b>APOKA FL 32703</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLOSSER, FRANK D.</b>	
STREET ADDRESS	<b>7721 WESTRIDGE COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32810</b>	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	<b>V.P.</b>
32 NAME	<b>Ronald C. Butler</b>
33 STREET ADDRESS	<b>230 North Ortman Drive</b>
34 CITY - ST - ZIP	<b>Orlando, Fla. 32805</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **Idus E. Willis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-96 299 0064  
Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

CR2E034 (12/95)