

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

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90027 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 476620

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/22/1975

4. FEI Number
59-1595463

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WILLIS, MARIE L
 230 N. ORTMAN DRIVE
 ORLANDO FL 32805~~

81 Name **MARION LANE, CPA**
 82 Street Address (P.O. Box Number is Not Acceptable)
400 E. Colonial Dr.
 83 **Suite 910**
 84 City **Orlando** **FL** 85 Zip Code **32803**

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 607.0506, Florida Statutes.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable.

Marion Lane

4-5-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WILLIS, IDUS E CEO/PRESIDENT	
STREET ADDRESS	6224 STATE RD 535	
CITY-ST-ZIP	WINDEMERE FL 34786	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WILLIS, MARIE L	
STREET ADDRESS	6224 STATE RD 535	
CITY-ST-ZIP	WINDEMERE FL 34786	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCRORIE, CAROLYN	
STREET ADDRESS	9409 FLORENCE AVE.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT/CEO
1.3 STREET ADDRESS	Willis, Idus E.
1.4 CITY-ST-ZIP	6224 State Rd. 535 Windemere, Fla. 34786
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 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: *Carrie M. McKeown* *Secretary/Treasurer* *4/5/99* *(407) 299-0064*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)