

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **841983** (0)

1. Corporation Name
ATMORE AMBULANCE, INC.



Principal Place of Business: **121 S. MAIN STREET ATMORE AL 36502**
Mailing Address: **121 S. MAIN STREET ATMORE AL 36502**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified 12/06/1978	3a. Date of Last Report 03/28/1995
4. FEI Number 63-0707753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GODWIN, RUTH T
HWY 97
DAVISVILLE FL**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETED
P	STILL, MERRILL H	121 S MAIN ST	ATMORE AL	
ST	STILL, PAT	121 S MAIN ST	ATMORE AL	
				<input type="checkbox"/> DELETED
				<input type="checkbox"/> DELETED
				<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 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 included 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: *Merrill H. Still*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (334) 368-3003

CR2E034 (12/95)