

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706080 (9)
1. Corporation Name
THE HIGHLAND CITY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business 4104 CLUBHOUSE ROAD PO BOX 217 HIGHLAND CITY FL 33846-0217	Mailing Address 4104 CLUBHOUSE ROAD PO BOX 217 HIGHLAND CITY FL 33846-0217
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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
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3. Date Incorporated or Qualified 08/23/1963	Applied For Not Applicable
4. FEI Number 59-2254076	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WOMBLE, PAUL
4219 PALMETTO AVE. S.E.
HIGHLAND CITY FL 33846

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
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11. Pursuant to the provisions of Sections 617.0502 and 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, from 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 617.0503, Florida Statutes.

SIGNATURE: *Paul Womble* (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, ROBERT 32111 CLEVELAND HTS. BLVD. LAKELAND FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD Pace, Russell 1911 Vista View Dr Lakeland FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOMBLE, PAUL 6220 KITTY FOX LANE HIGHLAND CITY FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD WOMBLE, PAUL 4219 Palmetto AVSE Highland City, FL 33846-1207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STARK, LANE 5520 S.E. 2ND ST., LOT 2 HIGHLAND CITY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Stark, Lane 5920 June Street Lakeland FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, LANE 5920 JUNE ST. LAKELAND FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD Stark, Lane 5920 June Street Lakeland FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREWER, JAMES 3941 SPOONBILL CT. LAKELAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Womble* (Signature, type or print name of signing officer or director) Date: 3/6/98 Daytime Phone: 941-644-5507

CR2E037 (10/97)