SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 71104**

1. Corporation Name

THE LAYTON VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 1030 OVERSEAS HWY..MM68 1/2 P.O.BOX 624 LONG KEY FL 33001

Mailing Address

1030 OVERSEAS HWY..MM68 1/2

P.O.BOX 624

LONG KEY FL 33001

FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90006 031 ****61.25



22 Systate City & State Status Desired Status Des	de gistered
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Zip Country Zip Country Zip Country Zip Country Added to 9. Name and Address of Current Registered Agent FLETCHER, WAYNE L. 65821 US HWY #1 LAYTON FL 33001 Address of Status Desired FLETCHER, WAYNE L. 65821 US HWY #1 LAYTON FL 33001 Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Co	Applicable ditional sired ay Be Fees de
22 Systate City & State Status Desired Status Des	Applicable ditional sired ay Be Fees de
City & State City & State 28 City & State 28 Zip Country Zip Country Election Campaign Financing Trust Fund Contribution 9. Name and Address of Current Registered Agent FLETCHER, WAYNE L. 65821 US HWY #1 LAYTON FL 33001 84 City FL Street Address (P.O. Box Number is Not Acceptable) 85 Zip Country 86. Election Campaign Financing Trust Fund Contribution Added to 9. 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 Co	ditional aired ay Be Fees de gistered
23 Zip Country Zip Country 30 Trust Fund Contribution 9. Name and Address of Current Registered Agent FLETCHER, WAYNE L. 65821 US HWY #1 LAYTON FL 33001 5. Certificate of Status Desired Fee Requ Fee Requ \$5.00 M 6. Election Campaign Financing Trust Fund Contribution Added to 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) FL Represent to the previous of Sections 642 0502 and 617 1508. Florida Statutes, the above-pamed comporation submits this statement for the purpose of changing its re	de gistered
Zip Country Zip Country 6. Election Campaign Financing Added to Trust Fund Contribution Added to 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FLETCHER, WAYNE L. 65821 US HWY #1 LAYTON FL 33001 83 City FL 85 Zip Co	ay Be Fees de gistered
24 25 29 30 Trust Fund Contribution Added to 9. Name and Address of Current Registered Agent FLETCHER, WAYNE L. 65821 US HWY #1 LAYTON FL 33001 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Expressions of Sections 642 0502 and 617 1508. Florida Statutes, the above-pamed comporation submits this statement for the purpose of changing its re-	de gistered stered
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLETCHER, WAYNE L. 65821 US HWY #1 LAYTON FL 33001 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Co	de gistered stered
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65821 US HWY #1 LAYTON FL 33001 83 84 City FL 85 Zip Co	gistered stered
LAYTON FL 33001 83 84 City FL 85 Zip Co A1 Display to the provisions of Sections 612 0502 and 617 1508. Florida Statutes, the above-parent corporation submits this statement for the purpose of changing its re-	gistered stered
84 City FL 85 Zip Co	gistered stered
44. Durawant to the provisions of Sections 647 0502 and 617 1508. Florida Statutes, the above-pament cornoration submits this statement for the purpose of changing its re-	gistered stered
44 Duracet to the provisions of Sections 647 0502 and 617 1508 Florida Statutes, the above-pament comporation submits this statement for the purpose of changing its re-	
11 Purellant to the provisions of Sections 617 0507 and 617 1508. Figures, the above-flathed corporation submits tiple statement for the purpose of changing to the	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I hereby accept the appointment as regis	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
SIGNATURE Ways L. Putters (NOTE: Decisional Agent signature required when rejectation) DATE	
Signatury typed or planted name or regulated agent and use it approache. (ITO'L. regulated regulated regulated agent and or regulated agent age	S IN 12
Change	Addition
MACHADEN CHARLES	
100 LAVION DD	
LAVEAN PL	
CITY-ST-ZIP LAYTON FL 14 CITY-ST-ZIP	Addition
TITLE STD Change	☐ Addition
NAME FLETCHER, TERESA 22 NAME	
STREET ADDRESS LOT 368 OUTDOOR RESORTS 23 STREET ADDRESS	
CITY-ST-ZIP LONG KEY FL 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE D Change	☐ Addition
NAME HARRING, MICHAEL 32 NAME	
STREET ADDRESS 68020 OVERSEAS HWY 3.3 STREET ADDRESS	
CITY-ST-ZIP LAYTON FL 33001 34. CITY-ST-ZIP	
TITLE V DELETE 4.1 TITLE Change	Addition
NAME HILLMAN, HARVEY 4.2 NAME	
STREET ADDRESS RT 1 BOX 180 4.3 STREET ADDRESS	
CITY-ST-ZIP MARATHON FL 44.CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	☐ Addition
NAME HARING, RITA 52 NAME	
STREET ADDRESS 65820 OVERSEAS HWY 5.3 STREET ADDRESS	
CITY-ST-ZIP LONG KEY FL 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	☐ Addition
00.00-1/50)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	nmation

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 oat 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name of the corporation of the address, with all other like empowered.

SIGNATURE