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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721420 (8)

1. Corporation Name
TRI-COUNTY VOLUNTEER FIRE DEPT., INC.



Principal Place of Business Mailing Address
FORBES ST. FORBES ST.
P. O. BOX 164 P. O. BOX 164
NOBLETON FL 34661 NOBLETON FL 34661-0164

3. Date Incorporated or Qualified 07/27/1971 3a. Date of Last Report 03/15/1996

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

4. FEI Number 59-169227 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADCOCK, ORVILLE H.
7348 CR-647 CE
BUSHNELL FL 33513

81 Name CARLSON, FREDRIK S.
82 Street Address (P.O. Box Number is Not Acceptable) 9116 CR 647 CE
83
84 City BUSHNELL FL 85 Zip Code 33513

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE PD [] DELETE
12.2 NAME CARR, CHARLIE D.
12.3 STREET ADDRESS 8688 CR 639
12.4 CITY-ST-ZIP BUSHNELL FL
12.5 TITLE VD [] DELETE
12.6 NAME SHARP, ORVILLE
12.7 STREET ADDRESS 12834 FORBES ST
12.8 CITY-ST-ZIP NOBLETON FL
12.9 TITLE SD [] DELETE
12.10 NAME CANTRELL, INEZ J
12.11 STREET ADDRESS 8436 CR 647
12.12 CITY-ST-ZIP BUSHNELL FL
12.13 TITLE [] DELETE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP
12.17 TITLE [] DELETE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP
12.21 TITLE [] DELETE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP

13.1.1 TITLE [] Change [] Addition
13.1.2 NAME
13.1.3 STREET ADDRESS
13.1.4 CITY-ST-ZIP
13.2.1 TITLE [] Change [] Addition
13.2.2 NAME
13.2.3 STREET ADDRESS
13.2.4 CITY-ST-ZIP
13.3.1 TITLE [] Change [] Addition
13.3.2 NAME
13.3.3 STREET ADDRESS
13.3.4 CITY-ST-ZIP
13.4.1 TITLE [] Change [] Addition
13.4.2 NAME
13.4.3 STREET ADDRESS
13.4.4 CITY-ST-ZIP
13.5.1 TITLE [] Change [] Addition
13.5.2 NAME
13.5.3 STREET ADDRESS
13.5.4 CITY-ST-ZIP
13.6.1 TITLE [] Change [] Addition
13.6.2 NAME
13.6.3 STREET ADDRESS
13.6.4 CITY-ST-ZIP

14. I do 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: [Signature] 27 MAR 97 352-796-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069540

CR2E037 (9/96)