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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743234** **(7)**

1. Corporation Name

HOLT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
HOLT VOL. FIRE DEPT. P.O. BOX 226 HOLT FL 32564 US	HOLT VOL. FIRE DEPT RT 1 BOX 3A HOLT FL 32564 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1978
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2503399 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
JOHN R. EWING RT 1 BOX 3A 496 SOUTHFORK LN HOLT FL 32564	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 John R. Ewing — 2-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☑ Change ☐ Addition
TITLE	D	1.1 TITLE	CD
NAME	HOOPER, RONNIE	1.2 NAME	Hooper, Ronnie
STREET ADDRESS	548 HIGHWAY 90 W	1.3 STREET ADDRESS	548 Highway 90 W
CITY-ST-ZIP	HOLT FL	1.4 CITY-ST-ZIP	Holt, Fl 32564
TITLE	CD	2.1 TITLE	S/TTD
NAME	GIVENS, O. RALPH	2.2 NAME	John Adams
STREET ADDRESS	P.O. BOX 203 - 523 PECAN LANE	2.3 STREET ADDRESS	P.O. Box 177 Cooper Ln.
CITY-ST-ZIP	HOLT FL	2.4 CITY-ST-ZIP	Holt, Fl 32564
TITLE	VCD	3.1 TITLE	VCD
NAME	ADAMS, BRYAN	3.2 NAME	Engene Arnett
STREET ADDRESS	205 ADAMS LANE	3.3 STREET ADDRESS	P.O. Box 215
CITY-ST-ZIP	HOLT FL	3.4 CITY-ST-ZIP	Holt, Fl 32564
TITLE	SD	4.1 TITLE	D
NAME	BROWN, ARTHUKR ALVIN	4.2 NAME	Malcolm Hooper
STREET ADDRESS	BONE CREEK RD	4.3 STREET ADDRESS	P.O. Box 62 4623 Sesler
CITY-ST-ZIP	HOLT FL	4.4 CITY-ST-ZIP	Holt, Fl 32564
TITLE	TD	5.1 TITLE	D
NAME	EWING, JOHN R.	5.2 NAME	Ewing, John R.
STREET ADDRESS	RT 1 BOX 3-A, 496 SOUTHFORK LN	5.3 STREET ADDRESS	RT 1 Box 3-A, 496 South Fork Ln.
CITY-ST-ZIP	HOLT FL	5.4 CITY-ST-ZIP	Holt, Fl
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: John Adams — John Adams — 2-26-95 — 904-537-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072681