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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751967 (1)
1. Corporation Name
HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.



Principal Place of Business 6001 MILLER BLUFF ROAD MILTON FL 32583-6990	Mailing Address 6001 MILLER BLUFF ROAD MILTON FL 32583-6990
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/11/1980	3a. Date of Last Report 03/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1837172	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. 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
**THOMASON, JERRY
5951 MILLER BLUFF RD
MILTON FL 32570**

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMASON, JERRY	
STREET ADDRESS	5951 MILLER BLUFF ROAD	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOZLEY, WAYNE	
STREET ADDRESS	101 AS POND ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BELISLE, DONALD	
STREET ADDRESS	5812 PORTER LANE	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOLER, ALAN	
STREET ADDRESS	6940 MERTIS WAY	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUSER, RICHARD	
STREET ADDRESS	5801 MILLER BLUFF RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, LUCILLE	
STREET ADDRESS	10535 GOOD RANGE DRIVE	
CITY-ST-ZIP	MILTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARRIS, ROBERT	
2.3 STREET ADDRESS	6426 KENNINGTON CIR.	
2.4 CITY-ST-ZIP	MILTON, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BESSETTE, ELLEN	
3.3 STREET ADDRESS	6301 DEATON BRIDGE RD	
3.4 CITY-ST-ZIP	MILTON, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	POWELL, BEVERLY	
6.3 STREET ADDRESS	6301 DEATON BRIDGE RD	
6.4 CITY-ST-ZIP	MILTON, FL	

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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or as an attachment with an address.

SIGNATURE: _____ **Alan Toler** 7 April 97 904-983-8564

CR2E037 (9/96)