

FILE NOW: FILING FEE IS \$61.25

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**Apr 14 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 # 751967 (1)
1. Corporation Name
HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.



Principal Place of Business 6001 MILLER BLUFF ROAD MILTON FL 32583-6980	Mailing Address 6001 MILLER BLUFF ROAD MILTON FL 32583-6980
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3. Date Incorporated or Qualified 04/11/1980	
4. FEI Number 59-1837172	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	

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

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 Don Belisle
82 Street Address (P.O. Box Number is Not Acceptable) 11249 Silverton Dr.
83
84 City Milton FL 85 Zip Code 32583**

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: *Don Belisle* DATE: **4/4/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMASON, JERRY		1.2 NAME Don Belisle	
STREET ADDRESS 5951 MILLER BLUFF ROAD		1.3 STREET ADDRESS 11249 Silverton Dr.	
CITY-ST-ZIP MILTON, FL 00000		1.4 CITY-ST-ZIP Milton, Fl. 32583	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, ROBERT		2.2 NAME Joe Perritt	
STREET ADDRESS 6426 KENNINGTON CIR		2.3 STREET ADDRESS 5924 Miller Bluff Rd.	
CITY-ST-ZIP MILTON FL		2.4 CITY-ST-ZIP Milton, Fl. 32583	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Brenda T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BESSETTE, ELLEN		3.2 NAME Brenda Perritt	
STREET ADDRESS 6301 DEATON BRIDGE RD		3.3 STREET ADDRESS 5924 Miller Bluff Rd.	
CITY-ST-ZIP MILTON FL		3.4 CITY-ST-ZIP Milton, Fl. 32583	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOLER, ALAN		4.2 NAME Randall R. Archer	
STREET ADDRESS 6940 MERTIS WAY		4.3 STREET ADDRESS 9440 HAYMEADOW Rd.	
CITY-ST-ZIP MILTON, FL 00000		4.4 CITY-ST-ZIP Milton, Fl. 32583	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Tr.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOUSER, RICHARD		5.2 NAME Bill E. Richardson	
STREET ADDRESS 5801 MILLER BLUFF RD		5.3 STREET ADDRESS Rt. 16 Box 166	
CITY-ST-ZIP MILTON FL		5.4 CITY-ST-ZIP Milton, Fl. 32583	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Tr.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWELL, BEVERLY		6.2 NAME Karen D. Toler	
STREET ADDRESS 6301 DEATON BRIDGE RD		6.3 STREET ADDRESS 6940 MERTIS WAY	
CITY-ST-ZIP MILTON FL		6.4 CITY-ST-ZIP Milton, Fl. 32583	

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: *Randall R. Archer* DATE: **4-2-98** TELEPHONE: **(850) 983-3500**

CR2E037 (10/97)