


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90029 015 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 751967**

1. Corporation Name  
**HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>6001 MILLER BLUFF ROAD<br>MILTON FL 32583-6990 | Mailing Address<br>6001 MILLER BLUFF ROAD<br>MILTON FL 32583-6990 |
|---|---|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>04/11/1980   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1837172   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
|                                      | Country<br>29             | Trust Fund Contribution <input type="checkbox"/>  |

9. Name and Address of Current Registered Agent

**BELISLE, DON**  
**11249 SILVERTON DR**  
**MILTON FL 32583**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> DELETE            |
| NAME           | BELISLE, DON           |  |
| STREET ADDRESS | 11249 SILVERTON DR     |  |
| CITY-ST-ZIP    | MILTON, FL 00000 32583 |  |
| TITLE          | VD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | PERRITT, JOE           |  |
| STREET ADDRESS | 5924 MILLER BLUFF RD   |  |
| CITY-ST-ZIP    | MILTON FL 32583        |  |
| TITLE          | TD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | PERRITT, BRENDA        |  |
| STREET ADDRESS | 5924 MILLER BLUFF RD   |  |
| CITY-ST-ZIP    | MILTON FL 32583        |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | ARCHER, RANDALL R.     |  |
| STREET ADDRESS | 9440 HAYMEADOW RD      |  |
| CITY-ST-ZIP    | MILTON, FL 00000 32583 |  |
| TITLE          | TRD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | RICHARDSON, BILL E.    |  |
| STREET ADDRESS | ROUTE 16 BOX 166       |  |
| CITY-ST-ZIP    | MILTON FL 32583        |  |
| TITLE          | TRD                    | <input type="checkbox"/> DELETE            |
| NAME           | TOLER, KAREN D.        |  |
| STREET ADDRESS | 6940 MERTIS WAY        |  |
| CITY-ST-ZIP    | MILTON FL 32583        |  |

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           | BEVERLY POWELL       |   |
| 2.3 STREET ADDRESS | 6301 DETTON BRIDGE R |   |
| 2.4 CITY-ST-ZIP    | MILTON FL 32583      |   |
| 3.1 TITLE          | TD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | Bill Richardson      |   |
| 3.3 STREET ADDRESS | Route 16 Box 166     |   |
| 3.4 CITY-ST-ZIP    | Milton, FL 32583     |   |
| 4.1 TITLE          | SD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | ELLEN BESJETTE       |   |
| 4.3 STREET ADDRESS | 10325 W. LAKE RD     |   |
| 4.4 CITY-ST-ZIP    | MILTON FL 32583      |   |
| 5.1 TITLE          | TRD                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Gerald Smith         |   |
| 5.3 STREET ADDRESS | 10325 W LAKE RD      |   |
| 5.4 CITY-ST-ZIP    | Milton FL 32583      |   |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |                      |   |
| 6.3 STREET ADDRESS |                      |   |
| 6.4 CITY-ST-ZIP    |                      |   |

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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 11 Feb 99 850-628-9354  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)