SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000701

1. Corporation Name

HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business P.O. BOX 317 HOSFORD FL 32334 P.O. BOX 317 HOSFORD FL 32334

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90245 006 ****61.25 07-13-1999 90010 011 ****61.25

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2. Principal Pi	Principal Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 02/06/1997			
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For		
22 27					59-3446302	Not Applicable		
- City & State - City & State			==	حراجـ		8.75-Additional-		
23 28					5. Certificate of Status Desired	Fee Required		
Zip	Country Zip		Cour	try	6. Election Campaign Financing	5.00 May Be		
24	25	29	30			Added to Fees		
271	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
					81 Name Rudu G. Sumner			
MARTY IN FAIRCLATH F				82 Street Address (P. C. Box Number is Not Acceptable)				
MARTY, JR FAIRCLOTH F				the 65 South				
CHESTER STREET				83				
HOSFORD FL 32334								
				84 City TO 1001C FL 85 Zip Code 323101)				
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. Thereby accept the appointment as registered								
agent I am familiativith, and accept the oblitiations of, Section 617,0503, Florida Statutes.								
SIGNATURE Signature, typed or platted name of registered agent and title (if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	·	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12		
TITLE	D	DELETE	1,1 TIF	<u>E</u> 3		Change		
NAME	BLACK, RUSTY	_	1,2 NA	AF Î	Brown, Laryus	I		
	WEST ROBERTS STREET		1	REET ADDRESS	A. 1 BOX 36	ľ		
STREET ADDRESS				Y-ST-ZIP	Hosford FL 32334			
CITY-ST-ZIP	HOSFORD FL 32334	☐ DELETE	2.1 TIT			Change Addition		
TITLE	_	_ bear,c	22 NA	I	kent, Iveu	-		
NAME	HOLLEY, JIMMY			REET ADDRESS	20. Box 2210			
STREET ADDRESS	oneover once.				Hosford FL 32334			
CITY-ST-ZIP			2.4 CI			Change Addition		
-TITLE	D. D. D. DV		3.2 NA	E	Frans, Bill			
NAME	SUMNER, RUDY			REET ADDRESS 1	P.O. BOX 276	{		
STREET ADDRESS	HIGHWAY 65 SOUTH				Hosford FL 3 2334			
CITY-ST-ZIP	HOSFORD FL 32334		3.4. CI	- 1		Change Addition		
TITLE	FAIDOLOTH CL MADTY ID		1	· K	Summer, Rudy G.	J		
NAME	FAIRCLOTH, F.L. MARTY JR		4. 2 N/	ME C	20.30x 72			
STREET ADDRESS	RT 1, BOX 86			1.7	Telogia, FL 32360	ţ		
CITY-ST-ZIP	HOSFORD FL 32334	DELETE		Y-\$T-ZIP		Change Addition		
TITLE	V DODAY	TA NETE JE	5.1 TIT 5.2 NA	ur K	ancaid, Brad	igo		
NAME	FOWLER, BOBBY			REET ADDRESS 1	7.0. Box 506			
STREET ADORESS	RT 1, BOX 86					1		
CITY-\$T-ZIP	HOSFORD FL 32334	₩ DELETE	6.1 TIT	F S		Change Addition		
TITLE	ST	I DETE (€	6.2 NA	<u>-</u>	Pullum Shanna L	S. T. GOILLON		
NAME	FAIRCLOTH, LAURIE A			AE I	PO BOX 2			
STREET ADDRESS	P O BOX 329			1 -	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	HOSFORD FL 32334-0329		6.4 CIT	Y-ST-ZIP	Telogia FL 32360			

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99

488-4594 Daytime Phone #