FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **770635** (1)

1. Corporation Name

LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.

200001431502
-05/17/95--01113--022
*****77.50 *****77.50
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~RT 5 BOX 172~~ ~~LIVE OAK FL 32060~~	~~RT 5 BOX 172~~ ~~LIVE OAK FL 32060~~
RT 4 Box 409	RT 4 Box 409
LIVE OAK FL 32060	LIVE OAK FL 32060

3. Date Incorporated or Qualified: 10/07/1983
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2863063 — Applied For ☐ Not Applicable

2. Principal Place of Business — 21: RT 4 Box 409 LIVE OAK
2a. Mailing Address — 26: RT 4 Box 409 LIVE OAK
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State: LIVE OAK FL.
28: City & State: LIVE OAK FL
24: Zip: 32060 — 25: Country: SUWANNEE
29: Zip: 32060 — 30: Country: SUWANNEE

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~LONG, JASON~~
~~RT 5 BOX 172~~
~~MARVIN HART RD~~
~~LIVE OAK FL 32060~~

10. Name and Address of New Registered Agent

81 Name: JOHN ZITVER
82 Street Address (P.O. Box Number is Not Acceptable): RT 4 Box 409
83:
84 City: LIVE OAK FL 85 Zip Code: 32060

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 ZITVER — 1-22-95
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		
TITLE	FCD	11 TITLE	FCD	☒ Change ☐ Addition
NAME	LONG, JASON	12 NAME	NICKERSON HOWARD	
STREET ADDRESS	RT 5 BOX 172	13 STREET ADDRESS	RT 5 Box 149	
CITY-ST-ZIP	LIVE OAK FL	14 CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	ZITVER, JOHN	22 NAME		
STREET ADDRESS	RT 4 BOX 409	23 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	LONG, ROY	32 NAME	LANIER CHARLIE	
STREET ADDRESS	RT 5 BOX 172	33 STREET ADDRESS	Rt. 1 Box 770	
CITY-ST-ZIP	LIVE OAK FL	34 CITY-ST-ZIP	McAlpin FL 32062	
TITLE	AFC	41 TITLE	AFC	☒ Change ☐ Addition
NAME	HARRISON, CHRIS	42 NAME	HARRISON, CHRIS	
STREET ADDRESS	RT 4 BOX 135	43 STREET ADDRESS	RT 1 Box 653	
CITY-ST-ZIP	LIVE OAK FL	44 CITY-ST-ZIP	McALPIN FL 32062	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	HINGSON, BRUCE	52 NAME	YETTON, JIM	
STREET ADDRESS	RT 4 BOX 331A	53 STREET ADDRESS	ROUTE 4 BOX	
CITY-ST-ZIP	LIVE OAK FL	54 CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	ALFORD, DAVID	62 NAME		
STREET ADDRESS	RT 5 BOX 135	63 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	64 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)(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: JOHN ZITVER JOHN ZITVER — 1-22-95 904 776-1770
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0002335