FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:04

DOCUMENT # 703477 (0)

1. Corporation Name
JACKSON COUNTY SHERIFF'S POSSE, INCORPORATED

Principal Place of Business	Mailing Address
% JACKSON COUNTY COURTHOUSE P.O. BOX 5811 MARIANNA FL 32446	% JACKSON COUNTY COURTHOUSE P.O. BOX 5811 MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1962
3a. Date of Last Report: 08/05/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business
21: SAME
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

SAYE, RUSTY
2251 SEAY RD.
COTTONDALE FL 32431

10. Name and Address of New Registered Agent

81 Name: Hoyt Mc. Brayer
82 Street Address (P.O. Box Number is Not Acceptable): 7501 Paramore Rd.
83:
84 City: Sneads FL 85 Zip Code: 32460

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: Hoyt McBrayer DATE: 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SEAY, RUSTY	1.2 NAME	Hoyt McBrayer	
STREET ADDRESS	2251 SEAY RD.	1.3 STREET ADDRESS	7501 Paramore Rd.	
CITY-ST-ZIP	COTTONDALE FL 32431	1.4 CITY-ST-ZIP	Sneads, Fla. 32460	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	MAYO, DAVID	2.2 NAME	Davio Mayo	
STREET ADDRESS	P.O. BOX 71 N/A	2.3 STREET ADDRESS	Hwy 280, Corbin Rd.	
CITY-ST-ZIP	ALFORD FL 32420	2.4 CITY-ST-ZIP	~~ALFORD~~ Cottondale, Fla. 32431	
TITLE	S/D	3.1 TITLE	Kathy Benoit	☒ Change ☐ Addition
NAME	FLOYD, MELISSA	3.2 NAME		
STREET ADDRESS	1980 BUCK DR.	3.3 STREET ADDRESS	P.O. Box 756 N/A	
CITY-ST-ZIP	MARIANNA FL 32446	3.4 CITY-ST-ZIP	Marianna, Fla. 32446	
TITLE	T	4.1 TITLE	Dede McMillian	☐ Change ☐ Addition
NAME	MCMILLIAN, DEDE	4.2 NAME		
STREET ADDRESS	2284 CYCLE LN.	4.3 STREET ADDRESS	2284 Cycle Lane	
CITY-ST-ZIP	COTTONDALE FL	4.4 CITY-ST-ZIP	Cottondale, Fla. 32431	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	SWANEY, MICHELE	5.2 NAME		
STREET ADDRESS	2008 HWY 75	5.3 STREET ADDRESS		
CITY-ST-ZIP	MATIANNA F 33446	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Hoyt McBrayer 2/6/95 (904)594-3901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone Number

0020046