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 FEB 13 PM 1:34

DOCUMENT # 707121 (0)

1. Corporation Name
OCEANWAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
202 OCEANWAY AVENUE JACKSONVILLE FL 32218	202 OCEANWAY AVENUE JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1964
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1009502 ☐ 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
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
Suite, Apt. #, etc.
22
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

YOUNG, ROBERT A.
601 RENNE DRIVE NORTH
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL
85 Zip Code

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: Robert A. Young, Treasurer 1/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	TAYLOR, TERRI
STREET ADDRESS	50 BAISDEN RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	YOUNG, ROBERT A.
STREET ADDRESS	601 RENNE DR. N.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	YARBOUROUGH, GENE
STREET ADDRESS	11219 INEZ RD
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	T
NAME	YOUNG, R
STREET ADDRESS	601 RENNE DR
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D
NAME	HUTCHERSON, JAMES
STREET ADDRESS	14091 BRADHAM RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	P
NAME	SHAW, STEVEN
STREET ADDRESS	447 ERIC AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change	☑ Addition
1.2 NAME	Raymond E. Smith		
1.3 STREET ADDRESS	231 Russell Ave		
1.4 CITY-ST-ZIP	Jacksonville Fl 32218		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	VP	☑ Change	☐ Addition
6.2 NAME	Steven Shaw		
6.3 STREET ADDRESS	447 Eric Ave		
6.4 CITY-ST-ZIP	Jacksonville, Fl 32218		

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: Robert A. Young, Treasurer 1/29/95 904.731.0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028780