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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90150 040 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 707225</b>					
1. Corporation Name <b>BIG COPPITT VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business 28 EMERALD DR KEY WEST FL 33060 US			Mailing Address P O BOX 2292 BOX 2292 KEY WEST FL 33040 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 28 Emerald Dr.		26 P.O. Box 2292		04/30/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Box 2292		59-2044521	
City & State		City & State		Applied For	
23 Key West FL.		28 Key West FL.		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33060		29 33040		30 US.	
Country		Country		8.75 Additional Fee Required	
25 US.		30 US.		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HICKMAN, RICK 26 RIVIERA DR. KEY WEST FL 33040		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 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Change Addition		
NAME	HARPER, GEORGE	1.2 NAME	Same		
STREET ADDRESS	1542C BOWFIN CT	1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP			
TITLE	D	2.1 TITLE	Directors		
NAME	KURANT, MICHAEL	2.2 NAME	Paige, Nedda		
STREET ADDRESS	25 CALLE UNO	2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP			
TITLE	D	3.1 TITLE	Directors		
NAME	GULLICKSON, ELAINE	3.2 NAME	Franco, Richard		
STREET ADDRESS	106 AVE D	3.3 STREET ADDRESS	1402 Ashby St.		
CITY-ST-ZIP	BIG COPPITT KEY FL 33040	3.4 CITY-ST-ZIP	Key West FL 33040		
TITLE	T	4.1 TITLE	Change Addition		
NAME	CASSELL, TONI	4.2 NAME	Same		
STREET ADDRESS	1427 BOCA CHICA ROAD	4.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP			
TITLE	VP	5.1 TITLE	Vice President		
NAME	BISHOP, JAMIE	5.2 NAME	Gonzalez, Eladio		
STREET ADDRESS	1620 BAHAMA DR	5.3 STREET ADDRESS	A-46 8th Ave.		
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	Key West FL 33040		
TITLE	P	6.1 TITLE	Change Addition		
NAME	HICKMAN, RICK	6.2 NAME	Same		
STREET ADDRESS	26 RIVIERA DR.	6.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040	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**

2/1/99

294-9419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)