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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:50

DOCUMENT # **722757** **(2)**

1. Corporation Name

PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2499 HENDRY ISLES BLVD. RT. 2. BOX 1290 CLEWISTON FL 33440	2499 HENDRY ISLES BLVD. RT. 2. BOX 1290 CLEWISTON FL 33440

3. Date Incorporated or Qualified: 02/24/1972
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2360541 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAMBLE, CAROLYN 2499 HENDRY ISLES BLVD RT. 2, BOX 1290 CLEWISTON FL 33440	81 Name: JAHN, GLEN R 82 Street Address (P.O. Box Number is Not Acceptable): 2499 HENDRY ISLES BLVD 83: RT. 2, BOX 1290 84 City: CLEWISTON FL **FL** 85 Zip Code: 33440

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: Glen R Jahn 4/6/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOLLINGSWORTH, MARY D	1.2 NAME	JAHN, GLEN R	
STREET ADDRESS	1170 PANAMA AVENUE	1.3 STREET ADDRESS	2101 TAMPA AVE	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOLLINGSWORTH, JOHN T.	2.2 NAME	TIMMS, EDITH	
STREET ADDRESS	1170 PANAMA AVE.	2.3 STREET ADDRESS	4550 23RD ST	
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	TIMMS, EDITH	3.2 NAME	ALBERT, MANNUEL	
STREET ADDRESS	4550 23RD ST	3.3 STREET ADDRESS	5065 4TH ST	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	WRIGHT, WILLIAM J	4.2 NAME	LACHAPELLE, MELVA	
STREET ADDRESS	PANAMA AVE	4.3 STREET ADDRESS	1200 WILDWOOD AVE	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GLENROGER, JAHN	5.2 NAME	TIMMS, RAYMOND	
STREET ADDRESS	2150 TAMPA AVE	5.3 STREET ADDRESS	4550 23RD ST	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GAMBLE, CAROLYN	6.2 NAME	ALBERT, SHARYN	
STREET ADDRESS	1150 TAMPA AVE.	6.3 STREET ADDRESS	5065 4TH ST	
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	CLEWISTON FL 33440	

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: Glen R Jahn GLEN R. JAHN APRIL 6 1995 813993 1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012224